Multilingualism and Multiculturalism in Communication for Development
A Case Study from the Healthcare Prevention Sector in Nigeria

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ABSTRACT

Purpose
This research takes Nigeria and the healthcare prevention sector as a case study to describe the manner in which the non-profit sector is presently dealing with the challenge of communicating in a multilingual/multicultural environment. The intention is to identify the linguistic factors that affect the design of healthcare prevention interventions, indicate language strategies that are being used and potentially single out opportunities for improvement.

Design/Methodology/Approach
Two data sets were employed: the main one representing phone interviews with Communication for Development practitioners in the healthcare domain in Nigeria and a secondary one including online testimonials from the Here I Am campaign conducted by the Global Fund. The data collected was analysed following the Critical Discourse Analysis three-level framework. In addition to this, the micro level stage incorporated Grounded Theory Method to elicit thematic relations, and Semiotic Analysis and Discursive Analysis to determine the stance of the speakers.

Findings
Participants to this research perceived language and culture as two entwined concepts. Communication in the community’s local language was said to enhance message acceptance. The thematic analysis revealed that the strategy to be used, mainly translation or a combination of community interpreting and cultural mediation, depends largely on the level of literacy of the community. Of the proposed language strategies, training of bilingual individuals and a combination of community interpreting and cultural mediation appeared to be the two pivotal modes of interlingual message transposition. Pictorials are used in extreme situations.

Despite the dissimilarity of the two data sets used in this research, the discursive analysis suggested the existence of an aid beneficiaries/non-profit staff binary. The way of expression of aid beneficiaries and individuals working at grassroots level exhibited traits of dependency on other players (in this case donors and non-profit staff). Similarly, the discursive analysis of the interviews put forward that the non-profit staff interviewed tended to distinguish between themselves and Others (in this case, the aid beneficiaries).

This research found furthermore that translation and interpreting activities within the non-profit sphere are not always undertaken according to strict professional ethics and praxis.

Originality/Value
Most of the language and communication-related research tends to be exclusive, focusing, for example on Literacy, on Language as a Human Right or on education in the Mother Tongue. This research, conversely, is holistic in nature.

Keywords
Africa, cross-cultural communication, intercultural mediation, healthcare communication interventions, campaigns, intercultural communication, interpreting, language strategies, multilingual communication for development, Nigeria, translation
ACKNOWLEDGEMENTS

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<tr>
<td>ACALAN</td>
<td>Academy of African Languages</td>
</tr>
<tr>
<td>ASA</td>
<td>Association of Social Anthropologists of the UK and The Commonwealth</td>
</tr>
<tr>
<td>AU</td>
<td>African Union</td>
</tr>
<tr>
<td>CIA</td>
<td>Central Intelligence Agency (United States)</td>
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<tr>
<td>HIV/AIDS</td>
<td>Human immunodeficiency virus/acquired immunodeficiency syndrome</td>
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<tr>
<td>INT</td>
<td>Interview/interviewee</td>
</tr>
<tr>
<td>MDG</td>
<td>Millennium Development Goal</td>
</tr>
<tr>
<td>NACA</td>
<td>National Agency for the Control of AIDS (Nigeria)</td>
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<tr>
<td>NAFDAC</td>
<td>National Agency for Food and Drug Administration and Control (Nigeria)</td>
</tr>
<tr>
<td>NGO</td>
<td>Non-governmental Organization</td>
</tr>
<tr>
<td>NITI</td>
<td>Nigerian Institute of Translators and Interpreters</td>
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<td>NUC</td>
<td>National Universities Commission (Nigeria)</td>
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<tr>
<td>SACA</td>
<td>State Action Committee for HIV/AIDS</td>
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<tr>
<td>TB</td>
<td>Tuberculosis</td>
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<tr>
<td>TES</td>
<td>Testimonial</td>
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<tr>
<td>UIS</td>
<td>UNESCO Institute for Statistics</td>
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<td>UNAIDS</td>
<td>Joint United Nations Programme on HIV/AIDS</td>
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<td>UNDG</td>
<td>United Nations Development Group</td>
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<tr>
<td>UNDP</td>
<td>United Nations Development Programme</td>
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<tr>
<td>UNESCO</td>
<td>United Nations Educational, Scientific, and Cultural Organization</td>
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<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
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<td>WIPO</td>
<td>World Intellectual Property Organization</td>
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1. INTRODUCTION
This paper is presented in the first person singular in acknowledgement of my belief that objectivity is unattainable in the social sciences.

1.1. Overview of the research study
The purpose of this research is to find out how the non-profit sector deals with communication interventions in multilingual/multicultural areas. In order to delimit the scope of the study, the research focuses on one specific sector of the MDGs: healthcare (and more specifically, the eradication of diseases such as HIV/AIDS). The research is further limited to one sample geographical area: the Federal Republic of Nigeria.

I assume that language is a tool that represents culture, and that culture stands for a way of perceiving the world, and that individuals are more responsive if addressed to in their mother tongue or in a language that they are fully fluent in. I take into account a number of language strategies that can enhance the efforts of communication for development practitioners.

The research starts by exploring the main concepts underpinning this paper: Nigeria as a multicultural place and Nigeria in respect of the attainment of the sixth MDG goal. I define ‘language strategies’ and look into the status of the language sector in Nigeria. I also look into Intercultural Communication theories that can envelop and contain the concepts herein mentioned.

Next I conduct a literature review including peer-reviewed papers in Language Planning and Management Studies, Literacy Studies, Translation and Interpreting Studies and Language in Communication for Development Studies. The research questions together with the Intercultural Communication theories and themes emerging from the Literature Review help shape the interview questions I later use to steer phone interviews with 14 participants from the Communication for Development field in Nigeria. The interviews are complemented by six online testimonials of individuals who are either affected or work with HIV/AIDS in Nigeria.
The examination of the responses attained is conducted under the Critical Discourse Analysis model that acknowledges three levels of analysis. For the micro level stage of the interview scripts I use the Grounded Theory Method to cluster and organise the topics that emerge, and the Discursive Analysis Approach to examine relations of power and stances. For the micro level analysis of the testimonials scripts I use the Semiotic Analysis Approach to look at the visuals and the Discursive Analysis Approach to analyse the scripts. Once I conclude the analyses I compare the results and consider what they reveal in terms of the research questions and of the topics that come up in the Literature Review.

My final chapter provides an overview of the main findings, suggestions for further research and concluding remarks.

1.2. Significance of the topic, justification of the study and potential implications to the communication for development field and beyond

‘The international community, including the United Nations organisations, has recognised the importance of meeting the information and communication needs of marginalised and vulnerable people’ (McCall, 2011, p. v). In this sense, Communication for Development has evolved into ‘a vital element in programming efforts aimed at achieving the Millennium Development Goals and other development priorities’ (UNDG, 2011).

The medical field hints at the importance of intercultural communication in healthcare interventions. The eradication of polio in Nigeria is said to present challenges to the healthcare community, because ‘ongoing political, cultural and religious objections hinder vaccination efforts, resulting in persistently low immunity in the population and, consequently, a high incidence of disease’ (Pallansch & Sandhu, 2006, p. 2510). Indeed, ‘resistance to [a] polio vaccination campaign[s] in Northern Nigeria... illustrate[d] the role of distrust regarding this intervention among the population’ (Todorova, 2014, p. 1). A study about immunisation uptake in Nigeria...
found that gender inequities play a role in child immunisation, and that ‘campaigns could benefit from additional strategies aimed at reducing gender inequities... [Efforts] should be culturally appropriate and community-based, especially among vulnerable ethnic groups’ (Antai, 2011, p. 143). In the face of recent pandemics such as the Ebola outbreak in West Africa, the healthcare community voiced concern over attaining ‘communication and teamwork to win the trust of those in the affected communities’ (Baden et al, 2014, p. 1458). What happens when communication needs to happen in a linguistically diverse place?

1.3. Research questions
The purpose of this research is to lay out what Communication for Development practitioners do in order to further healthcare prevention messages in multilingual areas.

Ancillary to the main research question, this research seeks to determine

a) To what extent the Communication for Development practitioner should regard intercultural/multilingual communication strategies when designing a healthcare prevention campaign;

b) What external factors influence the production and implementation of a communication intervention; and

c) Where the participants in this research (and myself) see opportunities for improvement.
1.4. Context of the research

1.4.1. Background of the researcher
The interdisciplinary nature of this research reflects academic training and practical experience in the Applied Languages domain (mainly Translation and Interpreting) as well as skills and knowledge in Communication for Development acquired through the Communication for Development master’s programme at Malmö University.

My interest in the research topic stems from the impression that there is a need and a potential benefit in researching how language, and in particular the language of the aid beneficiary, is regarded by Communication for Development practitioners.

1.4.2. Research aims
The sociolinguistic landscape in Nigeria is complex and I would like to describe how non-profit and civil society organisations are dealing with the challenge of reaching out to communities that speak languages other than the country’s official language (English, which in this research will mean both English and Pidgin English). In doing so, I seek to identify the factors that affect the design of a Communication for Development intervention, indicate current language strategies and identify opportunities for improvement.

My point of departure was the assumption that there is a need to reach communities in languages other than English or languages of wider communication, since not every community member may be literate. Indeed literacy can be an issue for a country like Nigeria with a total adult literacy rate estimated at 51.1% for 2008-2012 (UNICEF, 2013). That said, literacy rates vary regionally and there is no overall consensus on the official figure. According to the National Literacy Survey, the overall literacy rate for any languages in the country was 71.6% in 2010 (Statistics, 2010, p. 20).
NIGERIA - GENERAL LITERACY RATES 2010

<table>
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<th></th>
<th>Urban</th>
<th>Average</th>
<th>Rural</th>
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<tr>
<td>Nigeria</td>
<td>73.6%</td>
<td>71.6%</td>
<td>49.5%</td>
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Figure 1 Nigeria - general literacy rates 2010 (urban and rural)

My target group are Communication for Development practitioners employed in non-profit and civil society organisations who are active in the healthcare sector in Nigeria, and who are tasked with the design and implementation of awareness and prevention campaigns targeted at communities that must be addressed in languages of wider communication such as Hausa, Igbo or Yoruba or, indeed, in the local language (or dialect) the communities feel most at home with.

1.4.3. Research limitations
For the purposes of the present project, the area of study will be limited to one country (Nigeria), one MDG sector (healthcare), and one type of activity; namely, the dissemination of information for healthcare prevention campaigns. The medical field was chosen in acknowledgement of common difficulties faced by eradication campaigns, which ‘include sporadic or widespread political insecurity in areas where the disease is endemic, inadequate or delayed funding, and the challenges of motivating officials, health workers and affected populations’ (Hopkins, 2013, p. 54). Such challenges are further defined as ‘educating and supporting the community to modify long-standing... practices [...]. This is a culturally-sensitive issue that requires culturally appropriate outreach and education’ (Frieden et al, 2014, p. 1178).
2. BACKGROUND INFORMATION

2.1. Country

2.1.1. Why Nigeria?
I have lived in a number of countries, but none of them presents a multicultural picture as extreme as Nigeria. My choice of country was, therefore, purposive. According to *Ethnologue* (Lewis *et al.*, 2015) the number of living languages spoken in Nigeria amounts to 526, of which 520 are classified as indigenous. This makes Nigeria the third most multilingual country in the world, after Papua New Guinea (with 839 living languages) and Indonesia (with 707 living languages). Of these three countries Nigeria is the only one in my time zone and this was *one* of the reasons for selecting it (cf. Figure 2).

Whereas the context of this research has been delimited to the healthcare sector and Nigeria, I would expect this type of study to be scalable to other MDG sectors and geographies. In this sense, and contrary to the purposiveness of my approach, the geographical and sectorial choice of my research can be deemed to be random, and chosen on the grounds of study delimitation and contextualisation.
2.1.2. A cultural melting pot
The Federal Republic of Nigeria gained independence from the United Kingdom in October 1960 (UNDP, 2015). Nigeria is located in West Africa, and it is bordered by the Republic of Benin to the west, the Republic of Niger and Republic of Chad to the north, the Republic of Cameroon to the east and the Gulf of Guinea to the south. With 173.6 million inhabitants in 2013 (The World Bank, 2015), Nigeria is one of the most populous countries in the African continent and with over 250 ethnic groups (CIA, 2015), by and large one of the most diverse.

The federal government sits in the city of Abuja, situated in the country’s central belt. The port city of Lagos located in the south west is the largest city and also the main commercial hub. The country is divided in 36 states (CIA, 2015) and the Federal Capital Territory, Abuja (WIPO, 2015). According to the WHO, the urban-rural population ratio in Nigeria is 50% (WHO, 2015). Nigeria’s Human Development Index value for 2012 was 0.471, ‘positioning the country at 153 out of 187 countries and territories’ (UNDP, 2013).
There are three majority ethnic groups in Nigeria: the Hausa, the Yoruba and the Ibo (Igbo). Oluwabamide and Jegede suggest that ‘their languages are referred to as majority languages’ (Oluwabamide, 2003ii in Oluwabamide and Jegede, 2008, p. 108), which in this paper are referred to as languages of wider communication. Individuals may or not be native in any of these languages, and they use them to communicate, albeit regionally, with other individuals. They further propose that ‘other groups of people numbering more than three hundred whose population and influence are not as those three are altogether regarded as minority peoples and/or cultures and their languages as minority languages’ (op. cit., p. 108). Examples of minority languages spoken in Nigeria are Edo, Efik, Fulfulde, Igala, Izon, Kanuri, Nupe and Tiv. Size is relative, however, and minority languages must be seen in relation to the size of the population of the country. In a country with 173.6 million inhabitants, for example, the 11.5 million-speakers of Fulfulde (Lewis et al, 2015) constitute indeed a minority but the size of the community of speakers is by no means small.

Figure 3 Linguistic groups of Nigeria (UNC, 2008)
One of the most obvious legacies of Britain’s colonial rule in Nigeria is the adoption or inheritance (or, if we take a postcolonial viewpoint, *implantation*) of the English language, which has become the official language of the administration and the ruling elite.

It must be noted that ‘it is the unique configuration of different fields that we refer to when we speak of culture to describe the defining characteristics of a particular group’ (Friedman, 2014, p. 17). Elements such as ethnicity, language, law, religion, customs and mores are intrinsic elements of culture; they represent it, influence it and shape the social space within and around it, forcing the different actors to negotiate meaning and realities internally and with other groups as well as position themselves in a tension between the binary of ‘the Self and the Other’ as well as the concept of ‘hybridity’, which are to be interpreted at different levels. According to Homi Bhabha, ‘the problem is not simply the “selfhood” of the nation as opposed to the otherness of other nations. We are confronted with the nation split within itself, articulating the heterogeneity of its population’ (Bhabha, 1994, p. 148). Without going deeper into the definition of multiculturalism, it is precisely this heterogeneity, this cultural melting pot that characterises modern Nigeria.

2.1.3. Nigeria and the Millennium Development Goals
The Millennium Development Goals is a global anti-poverty agenda set by the members of the United Nations in 2000, whose eight targets are set to reach their deadline this year. The new post-2015 agenda, the Sustainable Development Goals, will be tasked with ‘finish[ing] the job of the MDGs and leave no one behind’ (UNDP, 2014).

For the MDGs’ sixth goal (‘combat HIV/AIDS, malaria and other diseases’), the outlook in the last available Nigerian report on the MDGs (2013) was mixed. In fact, Nigeria reported a prevalence rate of 4.10% HIV/AIDS; however, the reports mentions some challenges, such as ‘gender disparities and large variations in prevalence rates across states, which will need to be addressed to further strengthen progress’ (Nigeria
Millennium Development Goals, 2013, p. viii). In this respect, the report highlights ‘a shortfall in correct knowledge of HIV/AIDS among females. In addition, there were challenges with regard to access to treatment for persons living with HIV/AIDS and prevention of mother-to-child transmission’ (op. cit., p. 46). UNAIDS reports that Nigeria ranks ‘third among the countries with the highest HIV/AIDS burden in the world, next only to India and South Africa’ (NACA, 2012, p. 10).

In respect of other health-related issues, the report mentioned that over 90% of Nigeria’s population is at risk of contracting malaria, a disease that contributes to ‘as much as 30% to childhood mortality’ (Nigeria MDG Report, 2013, p. 46). According to the report, the proportion of children sleeping under insecticide-treated bed nets had risen from 5.5% in 2008 to 18% in 2011. Whereas this is a move in the right direction, there is still much to be done to achieve a malaria-free Nigeria.

Figure 4 MDGs and malaria: disparities (Nigeria MDG 2013 Report, 2013, p. 16)
Lastly, in 2013 Nigeria continued to share the burden with 21 other countries for 80% of the world’s tuberculosis cases, further compounded by the elevated prevalence of HIV/AIDS in the country. According to the report, ‘prevalence rates associated with TB has decreased over time, from 15.74 per 100,000 in 2000 to 5.0 per 100,000 in 2012’ (Nigeria MDG Report, 2013, p. 47).

2.2. On culture, communication and the place of language therein
We are not simply ‘biological individuals, but [we are above all] cultural subjects’ (Hall, 2013, p. 8). Language is, within this definition, to be understood as ‘part and parcel of culture, and one of the capabilities acquired by man as a member of the society’ (Yakasai & Azare, 2007). The idea that language shapes the speaker’s world view is based on the concept of linguistic relativism and is best represented by the Sapir-Whorf Hypothesis, which proposes that ‘the world is presented in a kaleidoscopic flux of impressions which have to be organised in our minds. This means, largely, by the linguistic system in our minds’ (Whorf, 1956 (1940), 212ff, in Kay & Kempton, 1984, p. 66). For the linguistic transposition of messages this implies that these need to be not only linguistically but also culturally adapted to succeed. Indeed, as a ‘vehicle of communication, the forms of each language, namely, the actual words, phrases, clauses, sentences and paragraphs (Larson, 1998, p. 3), are always pregnant with meaning both within the particular language itself (intralingual) and between it and other languages (interlingual)” (Ekpenyong, 2009, p. 76).

Communication, it must be noted, is further embedded in cultural schemes and goes further than culturally adapting the act of speech. Across Nigeria, ‘many social rites and situations serve naturally to delimit what can be said, and for that matter, who speaks to whom, where or before whom one must be silent, etc. Women and children [for instance]… are expected to keep silent until spoken to when in the presence of men and elders’ (Medubi, 2010, p. 32).
2.2.1. Why sociolinguistic phenomena should not be studied in isolation
As an extreme example, the translation of the term AIDS into Ibibio, with 1.5 million speakers in Nigeria (Lewis, Simons, & Fennig, 2015) is *Udoño itiaita*—literally, ‘eight diseases’ (Ekpenyong, 2009, pp. 75, 77, 79, 80, 84, 87, 89) due to the phonological resemblance of the English acronym AIDS and the English word ‘eight’. Since it is people who assign meaning to words, the Ibibio term is ‘misleading because it[s translation] was based on a wrong assumption and it failed to portray AIDS as a killer disease to the target audience’ (op. cit., p. 75). To put this into perspective, below are the translations and back-translations of the term AIDS into Nigeria’s three languages of wider communication and Ibibio:

- Yoruba: *Aarun ko gboogun*: ‘A disease that defies treatment’ (communicative);
- Igbo: *Oria obiri najocha*: ‘A disease that ends in the grave’ (communicative);
- Hausa: *Chuta mai karya garkwanjiki*: ‘A disease that breaks the shield of the body’ (communicative); and

One could be excused for expecting that as a result of the above the incidence of HIV/AIDS should be higher in the Ibibio-dominated region (the South-East or Akwa-Ibom State); however, according to NACA, the Nigerian National Agency for the Control of AIDS, statistics clearly indicate that with an HIV/AIDS prevalence rate of 6.8% this is far from the truth (NACA, 2015):
This example highlights why multilingual communication should be approached holistically rather than from (for instance) a purely translation perspective. As a matter of fact, with 92.7% (Statistics, 2010, pp. 22-23) the Akwa-Ibom State has one of the highest adult English literacy rates in Nigeria so it is likely that campaigns in the area that are being conducted in English are successful. Literacy rates vary across Nigeria.
Cultural knowledge is particularly pertinent to the jobs of interpreters and cultural mediators, and this brings me to the next section of this paper: that of language strategies.

2.3. Language strategies: which?
These are the definitions of language strategies used throughout this paper:

- **Translation** entails the *written* adaptation of text written in the source language (for example, English) into the target language (for example, Yoruba).

- **Interpreting** calls for the *oral* unidirectional rendition of a message in a source language (for example, English) into the target language (for example, Yoruba), or bi-directionally between them.

- **Intercultural mediation** occurs either between same-language or different-languages interlocutors, but for the purposes of this paper I will assume different-language interlocutors. Unlike interpreting, where the linguist is expected to remain impartial and limited to the information provided during the act of speech,
the cultural mediator is indeed ‘involved in processes of understanding, explaining, commenting, interpreting and negotiating phenomena’ (Iriskhanova et al., 2004 in Liddicoat, 2015, p. 2).

- **Second language acquisition** assumes the learning or the teaching of a language (for example, Hausa) to speakers of a different mother tongue (for example, native English speakers).

- **Topical education of bilinguals** implies the provision of subject matter training to individuals that are fully proficient in at least two languages to enable them to become agents of change within their communities and also permits them to function as intercultural bridges.

### 2.4. The language sector in Nigeria

At supranational level, the African Academy of Languages (ACALAN), whose Statutes were adopted by the Khartoum Summit of the African Union Head of State and Government in 2006 and to which the Federal Republic of Nigeria is a member state (AU, 2015), provides in its Charter for African Cultural Renaissance that ‘the States will ensure the introduction of African cultural values and the universal principles of Human Rights in education, as well as in information and communication programmes’ (ACALAN, 2006). The funneling of this Charter into national legislation appears unclear. The Constitution of the Federal Republic of Nigeria considers language rights on two counts only: firstly, within the context of the summoning and dissolution of the House of Assembly; and secondly, within a penal context, where ‘any person who is arrested or detained shall be informed in writing within twenty-four hours (and in a language that he understands) of the facts and grounds for his arrest or detention’ (Constitution of the Federal Republic of Nigeria, 1999). Food and drug regulations provided by the NAFDAC, on its part, prescribe English as the labeling language, though drug labels ‘may include other languages’ (NAFDAC, 2013). Lastly, the National Policy on Education provides that pre-primary education should be given in ‘the mother tongue or the language of the immediate community’ (ILO, 2005, p. 1).
2.5. Nigerian language practitioners –where are they?

Is it possible to become a professional language practitioner in Nigeria? Nigeria has a population of 176,600,000 inhabitants, and 138 universities (NUC, 2015). This means that in Nigeria there is one university per nearly 1,279,710 inhabitants and with a tertiary education gross enrolment rate of 10.4% (UIS, 2005) a Nigerian university serves an average of 133,090 students. I visited the websites of the 138 universities, but 60 thereof were down or were dedicated to Science and Technology so they were not considered in the search. Of the 78 university websites reviewed, 50 universities were found to host a school or faculty of Arts and offer language applied programmes (Modern Languages, Linguistics, Translation or Interpreting) at either undergraduate or postgraduate level –roughly 64%. The answer to the above question is therefore yes, it is possible to become a professional language practitioner in Nigeria. It would be relevant to find out how popular language programmes actually are in Nigeria, i.e., whether they attract a high rate of applicants, but I was unable to come across this information.

The second question I would like answered from a non-profit perspective is whether it is easy to find qualified professionals. I visited a selection of repositories used in language recruitment, and searched English to Hausa, English to Yoruba and English to Igbo translators who included ‘medical’ among their fields of specialism. The searches were conducted in Proz, which from past work experience I know is the largest global repository of translators and interpreters and Linkedin, the professional global network online tool. I also visited the website of the NITI. The results were skimpy, particularly at the NITI website which threw out three Hausa translators, two Igbo translators and one Yoruba translator, without mentioning their fields of specialism (NITI, 2015). With respect to the Proz and Linkedin results, it should be pointed out that the profiles largely overlap, they may not be always up-to-date and that the qualifications and experience may not always be verifiable.
MEDICAL TRANSLATORS SEARCH RESULTS (PROZ)

- Translators based in Nigeria
- Translators based outside Nigeria

![Bar chart showing the number of medical translators based in Nigeria and outside Nigeria for English-Hausa, English-Yoruba, and English-Igbo.]

Figure 7 Medical translators search #1

MEDICAL INTERPRETERS SEARCH RESULTS (PROZ)

- Interpreters based in Nigeria
- Interpreters based outside Nigeria

![Bar chart showing the number of medical interpreters based in Nigeria and outside Nigeria for English-Hausa, English-Yoruba, and English-Igbo.]

Figure 8 Medical interpreters search #1
Where are the Nigerian language and culture practitioners? The figures attained indicate that finding specialised professional language practitioners for healthcare campaigning into the three Nigerian languages of wider communication through conventional means may not come without challenges.
2.6. Theoretical framework: Intercultural Communication studies – selection of theories

In line with Article 7, Title 1 of the Universal Declaration of Linguistic Rights (also known as the Barcelona Declaration) languages are ‘the expression of a collective identity and of a distinct way of perceiving and describing reality’ (UNESCO, 1996, p. 6). This study draws therefore on critical intercultural and critical discourse studies, ‘two scholarly perspectives which share a commitment to more problematised, broadly conceived views of culture and cultural identity, [and] both acknowledge[ing] the central role of language and communication in constituting social life’ (Thurlow, 2010, p. 228).

Critical intercultural (sometimes referred to as cross-cultural) communication essentially offers a definition of culture that departs from the notion of culture linked to the nation-state. This is particularly important to this research considering that the majority of African scholars I read refer to the artificiality of political borders. Under critical intercultural studies the framing of culture is understood as ‘a site of struggle and contestation rather than comprised of shared values, behaviours and attitudes’ (Moon, 2010, p. 38) – and, I would add, negotiation of meaning between the speakers. Issues that come to the surface under critical intercultural studies that are significant to effective communication-related activities in polyglossic areas are intercultural competence and cultural adaptation, aimed at the reduction of uncertainty and apprehension in targeted communities.

Whereas ‘cultural identity continues to be a popular focus in intercultural research’ (op. cit., p. 41), I feel more inclined to go along with Victor Friedman’s proposition about multiculturalism where people should not be pigeonholed into a specific culture. In fact, ‘rather than belonging to a single culture, people are the beneficiaries of rich and varied cultural materials drawn from their regional, religious, professional, and organizational affiliation’ (Friedman, 2014, p. 13). Under the present study I will regard languages as a ‘particular type of social structure’ (Fairclough, 2012, p. 2).
Considering the fact that individuals who speak several languages may have several cultural affiliations, and in view of the fact that languages may be attached to a specific type of social structure (or culture, for our purposes), then the question of which language has the highest social capital value under specific circumstances gains relevance. In other words, where communities associate specific languages to specific contexts, the Communication for Development practitioner in the healthcare domain would be wise to consider the specific language that the targeted community uses within a healthcare context.

The second theoretical framework, critical discourse analysis, focuses on ‘sociolinguistic conventions [that] have a dual relation to power’ (Fairclough, 1996, p. 1). The relationship between language and society is ‘internal and dialectical’ (op. cit., p. 23) and social conditions shape the way people produce and interpret a message (op. cit., p. 25). In multilingual environments, the inclusion, exclusion or adaptation of referents in translation or interpreting is not entirely innocent and choices may reveal something about the degree or extent in which power is exerted over a community of speakers once text has been transposed. In fact, for the purposes of this research it is important to understand that ‘mediated cross-cultural communication can enhance the sharing of referents, adapt texts to new referents, or do many things in between these possibilities’ (Pym, 2003, p. 5); however, I must point out that the exploration of the transposition of referents belongs into the realm of translation and interpreting techniques, which is beyond the purview of this research.
3. LITERATURE REVIEW
I prioritised peer-reviewed articles on the assumption that, being peer-reviewed, they have academic endorsement and as such represent the opinion of a group of experts. They also represent research carried out in conformity with stringent standards. Moreover, a recent peer-reviewed article may not only stand alone for innovative research in the field; it may have been produced in response to or as an alternative view of one or more earlier articles on the topic, disclosing one or several dialogue threads. The remaining sources, particularly edited books and other commissioned research, would have also found their way into this paper if I had found the way to include them in this paper within the space limitations.

The literature reviewed comprises articles from English-language academic journals covering various domains of linguistic affiliation, such as Language Planning and Management, Literacy, Translation and Interpreting and Communication for Development. I did not find much research focusing solely on Nigeria; however, once the search was extended to sub-Saharan Africa a modest body of research started to emerge, particularly in the Language Planning and Management domain. Researchers include African authors based in African countries, African authors based in the United States, United Kingdom, Canada and Australia, as well as other authors researching on the topic of multilingual communication in either healthcare or the development sectors, but not necessarily focused on Africa. My initial impression is that most of the language and communication-related research around the chosen research topic focuses on one or other linguistic aspect of Communication and Applied Linguistics, for example on Literacy, on Language as a Human Right or on Education in the mother tongue, but they fail to be holistic in nature.

Moreover, it is important to note that a starting point for most authors was the acknowledgement that the sociolinguistic landscape in Africa is painted by the artificiality of its borders (for example, Kashoki, 2003; Omoniyi, 2007; Makoni, 2012; Chumbow, 1999).
3.1. Language Planning and Management
Language Planning and Management constituted by far the largest most popular topic within the literature included in this review. Finex Ndhlovu explored the premise that it is minorities that consent to the imposition of hegemonic languages vis-à-vis their own. Hegemonic languages not only include ex-colonial languages that engulf African languages of wider communication, but also African languages of wider communication that in turn sweep over minority languages. This notwithstanding, Ndhlovu’s argument that languages serve as ‘important social capital for networking’ (Ndhlovu, 2010, p. 176) is pertinent to my research as it supports my claim that for information to spread it needs to be provided in the language the community most feels at home with. Languages are the tools that convey the cultural understanding and traditions of the people who speak them, so by fostering sociolinguistic diversity governments are promoting participation and availing themselves of a hoard of resources to progress development in a sustainable manner. Indeed as some authors asserted in their research, ‘development must be grounded in people’s realities, culture, needs and ways of life’ (Khan, 2014, p. 765) and furthermore ‘indigenous knowledge, which can contribute to sustainable development, can only be best understood in the languages of the people’ (Mooko, 2009, p. 18). This is food for thought, and the social capital value concept supports my premise that people are more inspired to participate in the development discourse if they can represent themselves in the language they feel more at home with and in their own terms. The same topic was researched by Herman Batibo, who in addition found that fluency in either an ex colonial language or a language of wider communication brings about cultural conflict, particularly when ‘minority language speakers use their cultural peculiarities in the major languages or when they transfer the cultural characteristics of the major languages into their languages’ (Batibo, 2009, pp. 89-90). According to a survey carried out by the same author in 2005, ‘the minority languages in Africa constitute over 81% of the total number of languages’ (op. cit., p. 90). This means that cultural aspects remain crucial even when individuals or groups are able to converse in a lingua franca. By extension, development initiatives in Africa could attain a higher rate of success if they were in agreement with locally-devised models rather than
emulating models that have been successful elsewhere or that are to be implemented across board.

That notwithstanding, certain languages are ascribed a stigma and this may present a hurdle in the promotion of indigenous languages, which may not serve languages of wider communication and indigenous languages well. Researching the language landscape in his native Nigeria, Ayo Bamgbose for example described English as fulfilling the role of ‘language of integration’ (Bamgbose, 1999, p. 15) and, as a result of globalisation, industrialisation and its association with developed countries, he concluded that English is further perceived as ‘language of modernisation’ (op. cit., p. 15). Emmanuel Chabata, moreover, pointed out that ex-colonial languages appertain to a minority elite, making these languages ‘exclusive rather than inclusive... tend[ing] to sideline the greater part of society from transformation processes’ (Chabata, 2013, p. 51).

Looking into the role of language in for instance the attainment of the Millennium Development Goals in Africa, Ayo Bamgbose lamented the fact that language is not usually included ‘as a significant factor in the realisation of the expected goals’ (Bamgbose, 2014, p. 646), and he was echoed by fellow scholars such as Omondi Oketch and Felix Banda, who asserted that ‘language is a key factor in effective communication and the implementation of development goals’ (Oketch & Banda, 2009, p. 1). Bamgbose also emphasised that

... as long as development is about people, the contribution that they are called upon to make by way of participation will require communication, dissemination of information, sharing of knowledge, feedback and acquisition of skills. None of these activities can be achieved without language (Bamgbose, 2014, p. 650).

Mubanga Kashoki took the concept of fostering indigenous languages further afield and evidenced, in the light of Africa’s ‘multiplicity and diversity’ (Kashoki, 2003, p. 186), the way several African countries resort to their Constitutions to uplift the status of their languages to that of a Human Right. At supranational level, as reported by Nkonko Kamwngamalu, ‘these beliefs are captured in the January 2000 Asmara
Declaration of African Languages and Literatures,’ which acknowledges that ‘African languages are essential for the decolonisation of African minds and for the African renaissance’ (cf. The Asmara Declaration on African Languages and Literatures, 2001) (Kamwangamalu, 2009, p. 136). Other authors acknowledged that ‘true adherence to Human Rights of all citizens is undermined when the minority languages are disadvantaged in their cultural expression and discourse’ (Batibo, 2009, p. 100).

Theophilus Mooko examined sustainability and reported that language is essential to sustainable development and, yet, not much regard has been paid to this. He argued that ‘the role of indigenous knowledge could have been factored in[to the Brundtland Report by the World Commission on Environment and Development] as one of the viable tools to drive the sustainable development message’ (Mooko, 2009, p. 22).

Despite these good intentions, however, Emmanuel Chabata asserted that ‘contrary to the law, the African languages... remain cultural languages of low status that are not used as media of communication in key areas of national advancement. Their use in specialised and formal fields... remains marginal’ (Chabata, 2013, p. 53).

Views about the issue of competing language interests on African soil, however, split researchers. Post-colonialist thinkers like Nkonko Kamwangamalu argued that...

... the idea of development has now been reincarnated in what has now come to be known as globalisation – an ideology which not only reinforces the hegemony of ex-colonial languages such as English in particular, but also concomitantly contributes to the further marginalisation of the indigenous languages (Kamwangamalu, 2009, p. 136).

The post-colonialist stance was not helpful to my research, however, because despite the fact that English (or any other ex-colonial language, for that matter) may not united a nation, in countries as sociolinguistically diverse as Nigeria it is probably unrealistic to expect non-profit and civic organisations to have the capacity in budget and resources terms to work into the entire gamut of languages and dialects, provided this would be at all possible. As an aside, not all languages may have reached the same level of development and may lack words to describe concepts; orthographic codification norms of the same language may on occasion vary and finally the different dialects of the same language may not be mutually intelligible. It sometimes
is the case that some languages ‘only exist as spoken languages’ (Chabata, 2013, p. 53).

It is interesting therefore that the post-developmental school rejects the scenario of the minority community adopting the hegemonic language at the cost of its own. Bilingualism and multilingualism should be seen under a positive light. According to Khan, there is an economic advantage to this as ‘for countries to better integrate in the global world, there is a need to speak languages of wider communication... [because] the more languages one speaks and writes, the better resourced that person is’ (Khan, 2014, p. 766). Indeed, in practical terms and in Batibo’s words, ‘one has to acknowledge the fact that human beings are primarily *homo economicus*, and only secondly *homo culturalis*. They will always favour languages and cultures that bring them bread and butter’ (Batibo, 2009, p. 100).

Ndhlovu presented multilingualism under the sociolinguistic phenomenon of polyglossia, where ‘patterns of language use in most minority speech communities can... be typified as reflecting... multiple linguistic resources deployed in different and sometimes overlapping contexts’ (Ndhlovu, 2010, p. 185). Polyglossia is probably further expanded by ‘migration and displacement as part of the post-modern condition in Africa [that] have diffused once homogeneous communities (Omoniyi, 2007, p. 535). There is an important factor that makes polyglossia complex across most of Africa and important for communicators for development to understand, and that is the fact that multilingual communities ‘have different languages that perform different functions during interaction’ (Oketch & Banda, 2009, p. 4). Polyglossic communities choose their languages in context, reflecting what the linguist John Gumperz referred to as code-switching, a ‘change of code represent[ing] a style which depends on social norms and may express solidarity and group membership’ (di Luzio, 2003, p. 2). Polyglossia probably confronts English-speaking non-profit and civic organisations with an expensive multilingual communication riddle when planning their communication interventions, but at the same time leaves room for negotiation. Which target language should they choose or favour to reach their target group in a manner
that is effective, sustainable and empowering, provided that this becomes necessary? Though ‘attitudes, values and ideologies... govern language use in different social contexts’ (Oketch & Banda, 2009, p. 3), the body of literature reviewed neither suggests nor implies the manner in which the social capital value of a language can be determined to help the language secure a position within a potential target language prioritisation rank.

Language planning and management initiatives in African countries do take polyglossia into account. Tope Omoniyi, for example, distinguished between macro- and micro-language policies, where the former relates to national language policies and the latter focuses on groups or communities and addresses ‘specific language or literacy problems’ (Omoniyi, 2007, p. 534). This is an important distinction for my research as it further defines its focus. By all means, ‘switching to the indigenous language is essentially a community-focused intervention’ (op. cit., p. 537).

Furthermore, the literature surveyed introduced another concept that may have the potential to be explored as a resource: that of cross-border languages, i.e. languages spoken astride national boundaries. In fact, ‘the issue of “minority languages” only arises when they are considered within the context of the nation-state’ (Ndhlovu, 2010, p. 189). Tope Omoniyi therefore proposed ‘the treatment of boundaries as zones of continuity rather than discontinuity’ (Omoniyi, 2007, p. 533), idea further supported by Beban Chumbow in terms of finding commonalities, considering that cross-border languages ‘constitute the common property of the people of the two nations’ (Chumbow, 1999, p. 64). From this it is unsurprising to come across other researchers proposing that communication efforts should be ‘pitched at transnational level’ (Ndhlovu, 2010, p. 189). In the interest of language resources optimisation non-profit and civic organisations might be better off implementing micro-language policies within ethno-linguistic rather than within nation-state boundaries. However, for this to materialise it should be determined whether this is practicable for the organisation from an administrative and political perspective. Is this feasible? Languages evolve, and it would be worthwhile considering whether cross-border languages evolve in
parallel. My preliminary assumption is that they rarely do, as observed by Beban Chumbow:

... speakers of the same language on both sides of the border sometimes make a conscious or unconscious effort to regionalise their own variety of the language creating dialectical variations where none existed before (Chumbow, 1999, p. 60).

3.2. Literacy
Literacy brings a further level of complexity to the table. We should not only consider the individual’s ability to read and write but also their ability to understand and comprehend what is laid down (the readability of the supplied information). Carol Underwood et al researched health communication from a literacy perspective and reported that generally ‘health communications on a wide range of topics, including diabetes, HIV and AIDS, nutrition, and mental health are written above the level recommended for the majority of the intended audience’ (Underwood et al, 2007, p. 319). Their research project was conducted in Zambia, and concluded that the production of healthcare information material in a range of languages can be costly, whereby institutions ‘must weigh the added value – in terms of health-related behavioural or social change – that can be expected to accrue by producing written materials in [several] languages’ (Underwood et al, 2007, p. 321). Though they reported that the educated elite prefers to read in English, there is a layer of the population (those who have not progressed beyond primary school education) who would prefer to access health-related material in their own languages. I propose that this situation is similar in Nigeria, where the primary school net enrolment ratio for 2008-2011 was reportedly 57.6% (UNICEF, 2013).

3.3. Translation and Interpreting
Examining the stance of non-profit organisations in respect of translation, Anthony Pym suggested that non-profits ‘rarely have the funding necessary for symbolic translation practices; their use of translation is closer to what might be termed “real needs”; they are far less likely to employ in-house staff translators on interpreters’ (Pym, 2001). Whereas the statement, issued nearly 14 years ago at the time of writing
and not revised, appears to ring true to today’s general stance of the sector in respect of translation and interpreting, I have reservations in respect of this statement. Firstly, if considered all the above-mentioned issues relate to conveying information to aid beneficiaries in a language other than their own [set of languages], I am not quite clear as to why the non-profit sector should indulge in ‘symbolic’ rather than ‘necessary’ translation practices. Secondly, there are organisations that are happy to provide translation, interpreting and intercultural mediation services on a pro bono basis, so cost should not be an ‘excuse’ for organisations to give professional language practitioners and organisations a wide berth.

Moreover, Kobus Marais proposed that ‘translation studies cannot enter into a dialogue with development studies because the two fields of study do not use the same conceptual framework’ (Marais, 2013, p. 403) and that ‘with the exception of scholars working on community interpreting, very few translation studies scholars have included issues of development in their purview’ (op. cit., p. 408). In response to this statement I would like to posit that in the interest of polyglossia, and other sociolinguistic issues that may come to the surface, the issue of multilingual/multicultural communication in development goes beyond the remit of translation and interpreting and that therefore it would be more rewarding or pragmatic to look into translation and interpreting from a development perspective rather than the other way round.

Writing specifically about the translation situation of African languages from a Nigerian cultural perspective, M. K. C. Uwajeh clarified that ‘theories of African development derive from traditional theories about third-world development. They usually represent either the “modernisation” or the “dependency” orientation on development’ (Uwajeh, 1999, p. 109). The multiplicity of languages in Nigeria alone is a factor ‘emphasising the need for translation’ (op. cit., p. 117) and ‘the imposition of any African language on the citizens as the “national language” is absurd, as it would alienate, rather than unite, the population’ (op. cit., p. 120). This said, in the
interest of dialogue translation should also be bidirectional in nature. Indeed Uwajeh indicated that

Non-governmental organisations (also known as NGOs) and United Nations agencies used to adopt a paternalistic ‘modernisation’ attitude toward the content of traditional African education implying that recipients of aid – notably in Africa – had nothing of any value in their backgrounds, and many African educationalist bodies have come to accept this view. However, traditional African education can certainly boast of profound knowledge about the local environment; it is embedded in indigenous African languages and jealously guarded by each generation (Uwajeh, 1999, p. 118).

Uwajeh proposed that within the context of African development, therefore, ‘translation is one principal tool for the deliberate transformation by Africans themselves’ (Uwajeh, 1999, p. 115).

A research carried out by Common Sense Advisory commissioned by the non-profit Translators without Borders a couple of years ago surveyed the situation of professional translators across Africa. According to the report, ‘the translation trade is one of the least organised trades in Africa. Contracts are often given to lay people, and even professional translators often subcontract under the same projects with mere bilinguals’ (Kelly et al., 2012, p. 19). Unfortunately this has also been reported by academics. Uwajeh pointed out that ‘there is a prevalent belief among many African linguists that any bilingual person is a competent translator’ (Uwajeh, 1999, p. 111). Ekpenyong, likewise, indicated that translation in Africa ‘is not popular, and people pay little or no attention to what [is] going on in that regard’ (Ekpenyong, 2009, p. 81). It appears that there is not only a need to include language strategy considerations into the design of a communication for development intervention, but also to research whether professional and responsible practices are actually enforced.

Lastly, in her Doctoral thesis Shirley Acquah explored the communicative relationship between illiterate patients and physicians in Ghana, and her findings summed up issues that one may also encounter in healthcare prevention interventions across Africa (including Nigeria): (1) interactions with illiterate individuals do not generally occur in English; (2) medical terminologies do not always have equivalents
in the local language and if they do, individuals may not always know them or what they mean in their own language; (3) lack of professional or trained [community healthcare] interpreters forces the patients to ‘depend on relatives, friends, health workers or ad hoc individuals with inadequate translation skills, [which] are likely to compromise health outcomes’ (Acquah, 2011, p. iii); and lastly (4) such settings may compromise the individual’s right to privacy in sensitive situations, who in front of a related or acquainted ‘interpreter’ may be less likely to co-operate or disclose pertinent information to the healthcare professional.

3.4. Language in Communication for Development

Studies into the use of languages in healthcare communication interventions exist but they appear to be few and far between. In 2011, Elizabeth Lubinga and Carel Janssen looked into how health promotion organisations are marketing materials in English and other South African languages. Using the 2006 ‘HIV-Face it’ campaign as a case study, they argued that ‘presenting messages to target groups in their mother tongue is often regarded as part of the answer to the question of how to achieve accurate knowledge dissemination and ultimately behaviour change in the sub-Saharan region’ (Lubinga & Jansen, 2011, p. 467). They indicated that ‘apart from their cognitive meaning, there are also cultural meanings which are not revealed in lexical definitions (Quyhn, 2006). This fact appears to be often overlooked by the producers of health messages’ (Lubinga & Jansen, 2011, p. 468). In a field such as healthcare communication, it would be risky to leave the interpretation of the [translated] message to the target recipient. This notwithstanding, they found that HIV and AIDS messages ‘presented in the African languages were not better received than messages presented in English’ (op. cit., p. 477). It would nonetheless be interesting to challenge these results as the study was conducted among 13-17 year old students who would be literate and proficient in English even if native in another language and living in a rural or peri-rural area. The stigma of the English language (or, for the purpose, the ex-colonial language) depends on the sociolinguistic group under study. In their case they found that the students would consider their native tongues in terms of heritage and English in functional terms (e.g. for the purposes of education and access to jobs).
This loops back to Batibo’s comment about individuals being first and foremost *homo economicus* and prioritising languages that will put bread on their table. I would like to argue that their findings would have been different if the surveyed population had included illiterate, semi-illiterate individuals and also literate individuals who have been unable to complete their education beyond the primary school level.

Writing on the same topic, Oluwabamide and Jegede noted that ‘the people’s acceptance of the HIV/AIDS message is dependent upon their understanding of its contents. A proper understanding of the message can therefore be enhanced only when Nigeria’s indigenous languages, which tend to give deeper meanings of issues to the people, are used’ (Oluwabamide & Jegede, 2008, p. 108). Moreover they highlighted that ‘it is no gainsaying that a person’s language and culture make much [more] meaning to him than other people’s language and culture. Therefore, for the HIV/AIDS message to be absorbed in the minds of Nigerians (the majority of which are rural illiterates) their indigenous languages should be used in transmitting the information to them’ (op. cit., p. 110).
4. METHODOLOGY

4.1. Research design
This research was conducted in the form of a desktop study. I live in Sweden, and the length of time allocated to this research project (18 weeks from inception to submission) did not allow for field research in Nigeria.

My intention was to identify and analyse current practices. Indeed, in choosing the research approach ‘research design involving the testing of hypotheses tend to operate using a positivistic epistemology, while designs involving the development of a theory tend to be within an interpretative epistemology’ (Oliver, 2008, p. 25). Consequently, my point of departure was the assumption that ‘the social world exists in a state of fluid interaction, and that it has to be interpreted or at least partially understood’ (op. cit., p. 23). My objective was to deduct and understand interactions and their nature (Schulz, 2012), particularly in respect of certain actors. Adopting a naturalistic world view, akin to the non-positivist or interpretive paradigm, calls for qualitative research and therefore needs the generation of data that can be analysed according to methods selected according to their suitability.

4.1.1 Data collection points (sources)
The topic of the research, multilingual healthcare prevention interventions in Nigeria, can be probed at a variety of points, but since the main research question seeks to attain information about the manner in which the sector is fronting the challenge of multilingualism/multiculturalism, I considered the Communication for Development practitioners to be my main target group in terms of information generation. Data from this group was collected through telephone/Skype interviews conducted with a selection of Nigeria-based Communication for Development practitioners working in healthcare prevention.

For this stage of the data collection I opted for a set of open questions to guide the interviews (cf. Appendix A), in the knowledge that the combination of questions with each interviewee would render unique results. In fact, I employed progressive focusing
where the data collection was adjusted ‘when it [began] to appear that additional concepts need[ed] to be investigated or new relationships explored’ (Parlett & Hamilton, 1976, in Schutt, 2011, p. 322).

Bearing in mind that ‘the research can never be better than the questions that are asked’ (Halloran, 1998, p. 16), clarity in formulation became essential. Whilst still probing the research topic, I considered drafting the questions in a layman’s register (i.e., avoiding academic parlance) to ensure a higher level of understanding amongst the participants and also to get them to speak out. The main and secondary research questions and the literature review informed the interview questions that guided the interviews. Questions H to L were intended to probe whether the interviewees would be aware of any factors at macro level (the social environment) that determine or influence the subject under study.

The second probing point I considered was the grassroots. Information was collected from this sector by means of analysis of a set of short filmed testimonials of people who are either affected or work with HIV/AIDS and which are available online in the public domain. The testimonials are current (i.e., not older than three years). I was not confident that circulating an online questionnaire would be a good idea, as I would have no control over the quality of the answers. The best alternative would be face-to-face interviews and the next-best alternative would be filmed material. Though I am fully aware of the fact that the ‘commissioned by whom’ part hinted at potential biases in the message, I decided to proceed because ultimately even in face-to-face interviews bias would be unavoidable.

Coming by a set of HIV/AIDS-related material also steered this research into a specific direction; it meant that though the interviews conducted among the Communication for Development practitioners related to healthcare communication campaigns in general (as most organisations focus on a range of healthcare sectors), I would only be able to gauge grassroots perceptions from the HIV/AIDS sector –cf. Figure 11 for a graphic representation of the research scope.
4.1.2. Triangulation of methods
This research is not large scale and it does not aim ‘at precise measurement of predetermined hypotheses, but at a holistic understanding of complex realities and processes’ (Desai & Potter, 2006, pp. 117-118). The data collected from the two probing points above-mentioned was subjected to a mix of analysis methods to bring out

- **Information** about what the non-profit sector does in order to target multilingual communities in Nigeria in healthcare prevention campaigns; and
- **Stances** of Communication for Development practitioners and other parties in respect of current practices.

In order to attain a holistic perspective, I took Norman Fairclough’s three-dimensional framework known as Critical Discourse Analysis as the overarching method, which provides an orderly way to conduct the analysis at three levels, and

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**COMMUNICATION FOR DEVELOPMENT**

**INTERVIEWS**

**ONLINE TESTIMONIALS**

![Diagram of research scope](image-url)

**Figure 11 Degree project research scope**
incorporated elements of other analysis methods within each level. I did not expect to find all elements in all texts, although the absence of some of the elements, if expected but not found, would also be considered a way of casting a message.

1. **At macro level:** I looked at aspects of intertextuality. I looked for discursive elements relating to external factors that would give away the position of the interviewees or that of the online testimonials as part of a whole;

2. **At meso level:** I looked at aspects of text production and text consumption;

3. **At micro level:** I considered aspects relating to thematic and linguistic analysis; where
   a. **The thematic analysis (interviews only)** includes the identification (open coding) and clustering of topic categories leading to the description and hierarchisation of thematic relationships (following the model of the **Grounded Theory Method**); and
   b. **The linguistic analysis (interviews and testimonials)** assumes that ‘meaning is constructed in and through language’ (Hall, 2013, p. 1) and includes elements of the two major variants of the constructionist approach:
      i. **The Semiotic approach**, which analyses the visuals in the online testimonials. For this part of the analysis I chose to look at the site of the image in terms of its technological, compositional and social modalities (Rose, 2007);
      ii. **The Discursive approach**, which analyses the scripts of the interviews and online testimonials. It complements the thematic analysis, which looks at what was said, in that it looks at how the message was relayed and inquires after relations of power and the position of the subject within the ‘discursive formation’ (Hall, 2013, p. 39).

The application of the above-described methods of analysis was genre-specific. Whereas the macro and meso levels were more general and applied to the interview
and testimonials scripts alike, the micro level analyses were different. The interview scripts, on the one hand, were subjected to a thematic analysis and linguistic analysis because the interviewees had been given a hint about what the interview would cover; however, their responses were spontaneous and the speakers did not have preparation time to think about how they wanted to portray themselves.

The testimonials scripts, on the other hand, had been edited before making it to the public domain. The film-maker had choices to make in respect of how to portray the speakers. The scripts of the testimonials were subjected to linguistic analysis but in acknowledgement of the fact that this was video material the visual set-up of the testimonials was subjected to a semiotic analysis. For the latter, the analysis considered the following modalities: technological, compositional and social (Rose, 2007).

Finally, the data released from the analyses was collated and considered in terms of the research questions, the main topics from the literature review and the theoretical framework.

Figure 12 Levels of analyses and methods
4.2. Collecting primary data: the interviews
The contact network of field practitioners and experts was established through interest groups available in certain online social media. From a pragmatic perspective this expedited the research, because it takes considerably less time to ‘knock on the doors’ of 114 prospective participants (as such is the number that was identified) online than onsite. At the same time, this sampling method came paired with limitations, as it meant that the entire pool of collaborators was composed out of participants who speak English, have access to certain online social media and have a vested interest in the topic.

By the time I concluded the interview stage, which took place between the 10th – the 16th March, I had reached a response rate of 45%. The response rate started to level out already after day 9 (cf. Figure 13).

![Figure 13 Contact network: responses over time](image)

Represented schematically, the recruited sample comes down to 12% of the targeted population (14 out of 114), or roughly 27% of the 52 individuals that expressed interest in the research topic.
In terms of geographical spread, the mix of interview respondents can be said to be country-representative in that it is roughly evenly spread among Nigeria’s regions. It should be highlighted that my interviewees shared their insights from a personal experience perspective and not for and on behalf of their employers. That notwithstanding, in order to protect them I committed to keeping their identities and that of their employers strictly confidential. Suffice it to say that I had representatives of six civil society organisations, six non-profit organisations, one bilateral donor and one multilateral agency. The spread in terms of work experience was two outreach workers, eleven communication and advocacy specialists and one community mobiliser who also worked as a translator and provided some insightful overview of the status of the profession in Nigeria. The consolidated health areas covered included family planning, nutrition, leprosy, HIV/AIDS, malaria, polio, tuberculosis, cancer, infectious diseases and immunisation.
The interviews were carried out in English and I took down notes while the participant shared information. Taking down notes helped me to go back to the speaker and seek clarification on any points right away, even if they had been mentioned earlier in the conversation. The interview scripts were produced right after each interview, to avoid ‘evaporation’ of information caused by leaving raw notes sitting unattended for too long.

4.3. Strengths and limitations of methodology
The entirety of the sources used herein is in English language, which places the first filter to the material analysed and which I deem to be a limitation in terms of worldview. The second filter came in the way of putting down the interview scripts on paper—as writing is a codified representation of the spoken word, however we don’t speak the way we write (my emphasis). Indeed, the way one interprets the text is ‘bound to influence how one transcribes it’ (Fairclough, 1996, p. 26), and the other way round.
Nigeria is a large country and remote interviewing was ideal as more areas could be covered and more people could be contacted online than face-to-face. The use of online testimonials meant that the material could be revisited several times and that the analysis could extend beyond the spoken words; however, unlike face-to-face interaction where interviewer and interviewee can design and adapt content as they see fit, media discourse is designed for mass audiences and as such it is characterised by its ‘one-sidedness’ (Fairclough, 1996, p. 49). It must be acknowledged that a longer paper would have necessitated of observation in the form of participation in a number of communication interventions in healthcare prevention in Nigeria (preferably with different organisations).

On a more positive note, working with established methods provides tools to conduct analysis in an orderly way, and this guarantees replicability –in the sense that others may conduct the same analysis on the same material. It must be stressed, however, that the methods herein employed are not objective as much of the interpretation is contingent on the researcher’s background and assumptions. Indeed, ‘we have to consider the possibility that, to the non-social scientist, we may not present a very convincing picture. The field is inhabited by scholars from different disciplines, with different values, aims and purposes, who seek to construct reality in their own ways’ (Halloran, 1998, p. 29), and within this eclecticism it is particularly difficult to be completely certain that one has found the right sources, has asked the right questions and has analysed through the appropriate methods. Within the constraints of this research it must therefore be acknowledged that ‘no single approach is capable of providing more than the partial picture of social reality’ (op. cit., p. 29). The sources, methods, analyses and views herein presented constitute therefore my stance on the topic.
4.4. Ethical issues

The first ethical issue that comes up to the surface is my position of non-member of the researched community. In fact, the only involvement or link I have with the research community is Communication for Development as a field: the interview participants in their capacity of Communication for Development practitioners, and me in my role of Communication for Development student. Indeed, ‘one of the main criticisms of “outsider” research is its tendency to produce knowledge or interpret societies from a position or location of power and privilege, and in most cases without sufficient input from the local people’ (Desai & Potter, 2006, p. 34). Nevertheless, the position of ‘outsider’ may be equally beneficial to the research as it may bring fresh insights into the subject, particularly in view of my training and work exposure to the Translation and Interpreting domains. I am familiar with not only techniques but also regulations in the professional practice thereof.

Considering my position of ‘outsider’, there is a major area of concern that cannot go unmentioned –that of ‘representation and fair use of material’ (McLennan & Prinsen, 2014, p. 85). This study is based on material available online in the public domain and through Malmö University’s library, as well as on the information that participants to this research were willing and able to share with me. In my capacity of researcher it is me who consciously (by means of judging which material has relevance to this research project) and unconsciously (by means of personal values acquired through upbringing, education and work experience) applies a filter to the information presented in this paper.

The field of mutual interest created rapport as much as a power imbalance in terms of knowledge. Whereas the interview participants were more knowledgeable and had superior hands-on experience about Communication for Development matters in Nigeria, with a few exceptions I felt the opposite applied when it came to their general knowledge or awareness about Translation, Interpreting and other Applied Linguistics topics. The fact that this research was conducted remotely added an element of uncertainty. The fear of gullibility in respect of being the recipient of information that
I would be unable to verify on the spot was allayed by the fact that, ultimately, I reached saturation point after six or seven interviews and patterns started to emerge. The information provided was accepted in acknowledgement of the fact that ‘what the researcher may consider… unacceptable behavior may have a different value in the researched community’ (Desai & Potter, 2006, p. 37).
5. ANALYSIS AND REFLECTIONS

5.1. The interviews

5.1.1. Macro level: intertextuality
In line with post-structuralist thinkers such as Roland Barthes, text is ‘an infinite
network of links and echoes between texts of all kinds’ (Montgomery et al, 2007, p.
165). The interviews were particularly challenging to analyse in terms of
intertextuality mainly because, save for one participant quoting a popular Nigerian
saying (‘In Nigeria, every kilometre there is a language’), the interviews were oral and
participants made no direct or indirect attributions to other texts or authors. This does
not mean that the corpora stand on their own feet. The connections in kind, the links
and echoes, were found through other elements present in the discourse, such as the
register, a term used to describe a closed variety of language spoken by a defined
group of people and which shares certain characteristics, such as specific lexis, syntax
or grammar. In fact the participants made use of specific words and expressions that
would be less common outside the Communication for Development parlance,
positioning themselves in the wider Communication for Development discourse, and
in doing do excluding everyone else from the ‘Communication for Development
sphere’. Expressions ranged from ‘to empower people’ (INT 1), ‘the root community’
(INT 4), ‘billboard and advocacy’ (INT 6, a synecdochical way of referring to ‘written
and oral communication interventions’) to ‘We develop picture-coded materials to
support our messages and make them more sustainable’ (INT 2), ‘We have different
target groups depending on the intervention in mind’ (INT 14) to the most clinical and
detached ‘Our communication process is very detailed and designed to address all
known ideational factors that predetermine adoption of a desired behaviour’ (INT 13)
and ‘We measure the success rate of a healthcare communication intervention on
behavioural change of the proposed beneficiaries over time’ (INT 9). It remains to be
seen whether the participants felt obliged to resort to such register in the knowledge
that the objective of the interviews was to collect data for an academic project.
5.1.2. Meso level: author/audience relationship
The set of 14 interviews was steered by my questions, though arguably I had less control over the content of what came back to me. This made me the author of the questions, and the audience of the responses. Conversely, the interview participants authored their own answers, but became audience to my questions. This dynamic, symbiotic yet blurry author/audience relationship made it difficult to decide whether after interpretation I could call myself the sole author of this research. I decided that ultimately, and in view of the fact that I have a second audience – in the academic field – I should own the questions and the interpretation, but not the information received which, for ethical reasons, remains the property of the interview participants, whom by virtue of their consent to participate in the present research project I collectively represent.

The interviews were conducted by either phone or Skype and extended between 25 and 75 minutes each. They were one-off interactions with Communication for Development practitioners based in Nigeria and with experience in healthcare prevention campaigns. The relationship between the participants and me was entirely professional and, bar the exception of one participant who was designated to participate by her superior, collaboration was voluntary and based on the generosity and interest of the participants in the topic.

5.1.3. Micro level: What did the interview participants say? Thematic analysis (Grounded Theory Method)
To establish categories, I first identified clusters of data from each text and used agglomerative clustering up to three levels, for example:

- **Main category:** Actors
- **Subcategory 1:** Community
- **Subcategory 2:** Community volunteers/Community mobilisers
- **Citation from text:** ‘There are also community mobilisers who are usually women. Men are not allowed to go into people’s households so it is women who are recruited to do the job on a voluntary basis. They carry the messages to the households and also collect data and feed the programme back’ (INT 4, who works in the North).
The data classification was eventually reduced to four main categories, which I then linked to the research questions:

<table>
<thead>
<tr>
<th>Main category</th>
<th>Research question (cf. section 1.3)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actors</td>
<td>Main actors in a communication intervention.</td>
<td>Connects to the main research question.</td>
</tr>
<tr>
<td>Factors</td>
<td>External factors influencing the production and implementation of communication interventions.</td>
<td>Connects to ancillary question B.</td>
</tr>
<tr>
<td>Opportunities for improvement</td>
<td>Perceived opportunities for improvement.</td>
<td>Connects to ancillary question C.</td>
</tr>
<tr>
<td>Strategies</td>
<td>What Communication for Development practitioners do in order to carry a message to a target community that speaks a different language.</td>
<td>Connects to the main research question.</td>
</tr>
<tr>
<td></td>
<td>The extent to which Communication for Development practitioners regard intercultural/multilingual communication strategies.</td>
<td>Connects to ancillary question A.</td>
</tr>
</tbody>
</table>

Figure 16 Classification of main themes and relationship to the research questions

The data analysis paid heed to the research questions, and considered whether the data embodied any of the topics in the literature review and theoretical framework, and also which of the proposed language strategies (cf. section 2.3) was fronted. Since the Grounded Theory Method would only help identify topics (themes) related to the research questions, a second analysis method was called in to throw light into the stance the speakers were perceived to adopt in relation to the topics that were fronted. This came in the form of a discursive approach linguistic analysis (cf. section 4.1.2 and Appendix D).
5.1.3.1. Main research question: What do Communication for Development practitioners do in order to conduct healthcare prevention campaigns in multilingual environments?

Communication for Development practitioners are reliant on a number of actors to get their message across: their bilingual staff that assist at the formative research (pre-design) stage, the community volunteers that help spread the messages and the community gatekeepers (the community leads) that grant them access to the community and act as facilitators.

They are also aware that for their communication interventions to work they must consider a number of factors in their formative research, which is the stage that determines the form the campaign will take. These are culture, sensitivity of topic, type of channel and language matters. Figure 17 presents these factors and their interrelations and dependencies. Note that ‘culture’ and ‘language fluency’ are represented separately in acknowledgement of the fact that topic sensitivity may not always be language-dependent. For example Translation, as defined in section 2.3, does not take place in a face-to-face situation, and is contingent of the target group’s literacy level. The Communication for Development practitioner has then a choice between new and traditional media, which in turn will depend on the access to technology and preferences of the target audience, as well as the sensitivity of the topic.
The topic of ‘actors’ emerged 10 times during the interviews, of which three counts mentioned bilingual staff with the remaining references relating to community volunteers, most of the times acting as community interpreters. From the information that came back it became evident that practitioners avail themselves of translation, interpreting, cultural mediation and training of bilinguals:
We work with volunteer translators and we also employ bilingual staff. We educate bilinguals within the community and in turn they can act as our agents of change (INT 2).

Written communication on its own does not serve a purpose. You need an interpreter to elaborate on what has been handed out. HIV issues are sensitive so you want your patients to understand and to make informed decisions (INT 1).

Of the proposed language strategies, language acquisition was the only one that was not mentioned at this stage –although it came up later when talking about opportunities for improvement. Useful and sustainable as it may be, the teaching of a language is a time-consuming enterprise, and considering the fact that many participants expressed *time* to be of the essence, it is only natural that this type of language strategy would not appear. Most participants mentioned using more than one language strategy, and a new strategy that emerged during the interviews was the use of pictorials. Community interpreting in combination with cultural mediation remains the strongest strategy due to the prevalence of illiteracy in certain areas.

![Diagram](image)

Figure 18 Language strategies today –as mentioned by the interviewees
Not all the topics in the literature review came back during the interviews. Of those that did, promotion of communication in the local language appeared to be the most popular (mentioned by 86% of the participants), followed by issues related to polyglossia (36% of the participants), the employment of linguists holding professional qualifications (which came up with 57% of the participants but only because I asked them about it, and in most cases they shared that linguists employed did not hold professional qualifications). The reasons given for not employing professionals were general assumptions and funding:

We initially assume that someone who is highly literate in English can function as an interpreter (INT 8).

No linguists are recruited. We operate on the assumption that any educated person will translate (INT 12).

At times we engage ourselves in the translation of the materials. But when we translated the information stored in our interactive voice response hotline from English into two Nigerian languages we engaged experts and paid them because it was a funded project (INT 10).

Surprisingly, since the topic of English as a hegemonic language appears to have been much written about, none of the interview participants advocated for the use of English as a unifying language. This is because the overwhelming majority of the participants advocated for the need to communicate in the local language. Similarly, no-one mentioned the right of being addressed to in the mother tongue as a Human Right, or hinted at the potential of local language as a driver of development. This is perhaps due to the fact that the interviews were not steered into that direction. I did not ask the question, and the participants did not bring up the topic of their own accord.
5.1.3.2. Ancillary question A: To what extent should Communication for Development practitioners regard intercultural/multilingual communication strategies when designing a healthcare prevention campaign?

Identification with language was mentioned by virtually all the participants, and this was expected as, as already proposed, the study of language issues concurs with that of cultural identity issues. In particular language-specific topics such as stigma and cultural adaptation (brought up by 50% of the participants respectively) and lack of equivalence (30% of the participants) were mentioned as vital for communication interventions in multilingual environments:

Language stigma:
*People identify not only with language, but with the way language is spoken. You see, it is like Nigeria and Naija¹. They are the same, but they do not mean the same (INT 8).*

*Local dialect messages that are respectful of the local culture have the highest impact as the community feels that the message is targeted directly at them. Again, the local dialect makes the message more trustworthy (INT 6).*

Lack of equivalence:
*If you take medical terminology, for instance, where there are certain terms that you are not able to translate into the local language as there is no word for that in the local language. As a workaround if we are unable to find a word or expression we have to use diagrams or pictorials (INT 11).*

*You know, there was for example an Ebola case in Port Harcourt. There was an effort to communicate over radio in the indigenous languages to reach all sectors of the population. There were technical difficulties to this approach. Interpreting English words into the native language did not make any sense (INT 8).*

Cultural adaptation:
*Our target audience’s sensitivities are key in selecting when, where and how we disseminate information. For example, do they appreciate the word ‘family planning’ or do they prefer ‘child birth spacing’? (INT 13).*

I noted lack of consensus in respect of legislation to protect local languages in Nigeria at either regional or national level. 50% of the participants responded to this question with varying results:

Yes, there is, but it is not working. Policies on language use are articulated on paper, but people with the upper hand decide what language will be used in the region (INT 4).

There appears to be lack of commitment by the Government when it comes to local dialects. Currently there is no legislation at national level – only externally-driven initiatives, but as long as these are not enacted and enforced nationally they will not have any impact (INT 6, a tacit reference to ACALAN).

With certainty, I tell you, there is none (INT 11).

5.1.3.3. Ancillary question B: External factors that influence the production and implementation of a communication intervention
Identified external factors affecting decisions in respect of communication interventions can be classified under different headers, such as geographical (migration, remoteness of a community), technological (access and preferences of a community in respect of technology) and linguistic (literacy rates among the different target groups). Social factors such as urgency (timing, sensitivity) and budget were two additional factors identified but these are not external in the sense that they can be determined and influenced by the organisation.
Taking budgetary reasons into account and going back to an indication by one of the participants regarding the employment of professional translators *if the project was funded*, the answer to the question of whether participants would consider employing the services of a translators’ charity was succinct, suggesting non-profits are not free to seek solutions off the beaten path:

*If they are not on the national register of NGOs then we do not work with them* (INT 4).

Based on the above-statement, it seems to me that if an organisation donating professional translation services such as Translators without Borders is not listed in the national register of NGOs, then non-profits will favour their own (often) bilingual members of staff, who may not be trained linguists, thereby curtailing the quality of their own work and the effectiveness of their interventions.

5.1.3.4 Ancillary question C: Perceived opportunities for improvement

The participants expressed concern about the quality and accuracy of the translated messages, and suggested that better intercultural awareness would be beneficial. Some of the participants saw a need to push for language learning and believe literacy and community education efforts can further boost development in Nigeria.
I will expand on the two largest categories: translation and intercultural awareness, although as can be seen in Figure 21 all the categories relate to language strategies brought up in this paper:

<table>
<thead>
<tr>
<th>Perceived opportunity for improvement</th>
<th>Link to language strategy in this paper (cf. section 2.3)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provision of intercultural training (intercultural awareness)</td>
<td>Cultural mediation</td>
<td>--</td>
</tr>
<tr>
<td>Provision of accurate, correct and culturally sensitive translation</td>
<td>Translation (and interpreting, by extension)</td>
<td>--</td>
</tr>
<tr>
<td>Push for language learning</td>
<td>Second language acquisition</td>
<td>--</td>
</tr>
<tr>
<td>Reduction of illiteracy rates</td>
<td>--</td>
<td>Dependency on second language acquisition and language codification level</td>
</tr>
<tr>
<td>Provision of education at grassroots level</td>
<td>Partial link with education of bilinguals</td>
<td>Dependency on translation (translated materials)</td>
</tr>
</tbody>
</table>

Figure 21 Perceived opportunities for improvement: link to the language strategies in this paper
The concern about the quality and accuracy of translated messages (and the same applies to interpreting) could relate to the apparent practice of employing individuals with no formal training in translation, interpreting or cultural mediation techniques. As already shown, some participants expressed an assumption at organisational level that anyone who is literate in two languages can translate, so employment of professionally qualified individuals would not always be a requirement.

*Actually there’s no curriculum; it’s just assumed that we’re all speakers of the language so there’s no need for training with regard to interpretation* (INT 5).

Said concern of accuracy in transposition could be minimised by incorporating basic community interpreting skills in the community volunteers’ curriculum, and in engaging professionally qualified individuals for translation, interpreting and intercultural mediation counselling. However,

*To become a translator or interpreter in Nigeria, you are required to have a university degree first. Degree holders end up not in translation or interpreting jobs as no-one with an education wants to end up earning peanuts* (INT 7).

The above statement highlights a serious gap in availability of key players in the sector (cf. section 2.5). Qualified linguists should not be forced to seek employment elsewhere, and here is an opportunity for the non-profit sector to revert this trend.

Intercultural awareness training was the second opportunity for improvement mentioned and it is interlinked with the third one – language training. Enhanced intercultural awareness would facilitate message transmission and acceptance, and in light of the comments received this is presumably not common practice today:

*As a Hausa teacher I have delivered Hausa lessons to academics that come live in Nigeria with the purpose of doing research, but not to non-profit staff. If such initiative exists, it is probably optional. It is true that learning a community’s*
language shows respect and the right attitude and wins them over, but it is not seen as essential (INT 7).

The first one is to develop a core of health assistants that speak English and the local dialect of the health care facility catchment area. This will bridge the gap that currently exists in patient interaction and diagnosis (INT 13).

5.1.4. Micro level: Reading between the lines. Discursive analysis
The most striking aspect that emerged from this analysis was the level of formality (cf. section 5.1.1), the mental distance that the speakers created between the non-profit organisation and the aid beneficiaries. Roughly 80% of the participants expressed themselves in clear terms of ‘us’ (the non-profit) and ‘them’ (the aid beneficiaries); in terms of ‘what is done’ rather than ‘what we do’. I measured this distance by looking at the construction of the persona in the discourse and how the speaker related to third parties. I examined not only whether the speakers showed a tendency to use the first person singular or plural to refer to themselves and other actors; but also how they used modality to express certainty or likelihood (e.g. ‘can’ vs ‘could’) and whether there was a predominance of active or passive constructions in the discourse –details of the scripts analysis are available in Appendix D:

Their [the aid beneficiaries’] sponsors understand English and teach them English (INT 1).

We work with partners in the community; they are our extension workers. We also work with the local government (INT 11).

This distinction, in Foucauldian terms, was the first hint at relations of power within the discourse: it suggested there is a formal hierarchy between donors, the local government, the community gatekeeper and the community volunteers. In two instances the hierarchical structure became explicit:
... but **people with the upper hand decide** what language will be used in the region... (INT 4. ‘People with the upper hand’ is a metonymy for ‘decision-makers’, suggesting bitterness at the presence of red tape in the sector).

**It depends on the language and cultural skills of the gatekeeper. The impact to be had depends on this person** (INT 7).

![Hierarchical decision-making structure](image)

It is clear that aid beneficiaries, referred to as ‘they’, find themselves at the bottom of the hierarchy because ‘they’ are not described as active participants in the process – for them it is just a matter of accepting or rejecting what has already been decided on their behalf. ‘They’ are furthermore subject to the decisions of a group of actors that appear to take a formal, detached, almost clinical stance when talking about their work in the field. 40% prevalence of passive constructions in verbal discourse is unusually high:
Counsellors and community mobilisers are recruited based on their skills (INT 6).

Community interpreters are trained about HIV and other issues... (INT 1).

Even by receiving or not receiving information, or by receiving poor quality information, aid beneficiaries are at the mercy of the information providers. Language diversity can be said to add a filter and a level of complexity, and the willingness and ability of non-profits to circumvent this filter and cater for this diversity reveals something about the manner in which non-profits may have carved a niche for themselves. For Foucault, ‘the real danger [is] not necessarily that individuals are repressed by the social order but that they are “carefully fabricated in it”’ (Foucault, 1977, in Mason, 2012). In fact, ‘all discourses construct subject positions from which alone they make sense’ (Hall, 2013, p. 40) and this means that without the aid beneficiaries non-profit organisations would not exist. I interpreted the distance created by the speakers, this clear distinction between actors, as evidence of the existence of an aid beneficiaries/non-profit staff binary within the Development discourse.

I noticed furthermore the predominance of modal verbs (e.g. ‘can’, ‘could’) and lexical verbs (e.g. ‘feel’, ‘believe’, ‘think’) to express levels of certainty. Less certain statements related to factors deemed beyond their remit, particularly language management issues that belong into the realm of politics such as local language enforcement and cross-language promotion:
<table>
<thead>
<tr>
<th>More likely / certain</th>
<th>Less likely / less convinced</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your audience or target beneficiaries will determine the language you will use in communicating developmental issues like HIV and AIDS prevention (INT 3).</td>
<td>In fact what should be happening to promote integration is that schools in Northern Nigeria teach Yoruba and Igbo (INT 7).</td>
</tr>
<tr>
<td>Most Hausa speakers will read Arabic but not Hausa in Arabic (INT 7).</td>
<td>Political tensions should be considered, as these can affect the choice of language (INT 8).</td>
</tr>
<tr>
<td>At home people will speak Yoruba (INT 8).</td>
<td>I would say the determining factor for the usage of a particular language is the size of the population (INT 5).</td>
</tr>
<tr>
<td>Using local languages can only assure community ownership of the intervention (INT 9).</td>
<td>In my opinion ['I believe'] local languages remain the best option for effective delivery of the intervention (INT 9).</td>
</tr>
<tr>
<td>You need to be careful you do not offend (INT 1).</td>
<td>I feel some campaigns could be better planned (INT 7).</td>
</tr>
<tr>
<td>Non-profits need to create the demand for applied professionals (INT 7).</td>
<td></td>
</tr>
<tr>
<td>The community needs to experience the messenger as ‘one of them’ (INT 7).</td>
<td></td>
</tr>
<tr>
<td>There are more aspects of information sharing that need to change (INT 11).</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Participants to the interviews spoke excellent English; however, I should warn my readers that none was native in English and that the variety of English that they spoke is Nigerian English. Due to the fact that I did not look into the differences between Nigerian and British English (the variety I am most familiar with), I am unable to say at this stage whether both varieties use lexicality and modality in exactly the same manner.</td>
<td></td>
</tr>
</tbody>
</table>
5.2. The testimonials

5.2.1. Macro level: intertextuality
The testimonials analysed are a set of six Nigeria-related short online videos ranging between 1’ 38” and 4’ 44”. They belong to a wider campaign by the Global Fund, an international fund raiser, whose materials are available in the public domain through YouTube and the Here I Am page of the Global Fund website. The videos analysed depict three Nigerian men and three Nigerian women whose lives have been affected by HIV/AIDS –either by being infected themselves or through their work. There are references to places in Nigeria, to Ms. Bisi Fayemi as chairperson of SACA, to the Global Fund and to the MDGs.

The interviews and the testimonials do not refer to the same chain of events. Because of this, it soon became evident that I would only be able to compare the analyses of each data set in general terms rather than referring to a specific object or event, and that this second data set would not address all my research questions.

5.2.2. Meso level: author/audience relationship
The videos, managed by the Global Fund Advocates Network, fall under the non-fiction category, which is appropriate given the seriousness of the appeal. Testimonials from individuals who are directly affected or involved make the content credible. They were made either at the Here I Am conference held in Washington DC in 2013, or in Nigeria. The fact that they are short, indexed and available online makes it possible to view them several times, select one or two (or several) and also spread them further through social media channels.

It is possible to leave feedback to the Global Fund, not so the individuals who have left the testimonies, but interaction is asynchronous, which means that the campaign is designed for the long term. The form of circulation ensures the videos reach their recipients, who should have access to online technology to view them. The message is

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to thank the Global Fund, and to call for further action, so this is a campaign clearly targeting donors.

The campaign appears to have had positive reception and the Global Fund reports they have collected over USD12 billion for replenishment purposes (Global Fund, 2013).

5.2.3. Micro level: Reading beyond signs and between the lines

5.2.3.1. Semiotic analysis (visuals)

Only faces and shoulders are shown. The focus is shallow, with high-key lighting, fronting the characters and contrasting them against a dark or a simple background, for example a wall. There is no music. The camera does not move. This closeness and simplicity of set-up brings an element of intimacy between the character and the viewer.

The speakers appear composed. Some look directly at the camera while some prefer to direct their gaze elsewhere. The avoidance of direct eye contact is likely to be related to how this aspect of kinetics is regarded in their culture, although a Western viewer could incorrectly interpret this as insecurity or lack of honesty. They wear normal attire, reflecting Nigeria’s diversity: some will wear tee-shirts, some will wear a shirt, one wears a headscarf.

The speakers are exposing themselves and their experience with HIV/AIDS to the viewer but they are in a position of power as they know more than the viewer. The lack of drama and victimisation allows the viewer to draw their own conclusions at their own pace.

In a few occasions the invisible cameraman becomes visible when a question is asked from behind the camera. It is at this point that the viewer is ‘reminded’ who is behind the videos. The speakers are free to share their experiences, but since the videos are commissioned, their freedom of expression can be but limited.
5.2.3.2. Discursive analysis (scripts)
Distance and relations of power
A look at how transitivity is used revealed an overwhelming majority of active constructions in the testimonials:

*The global world has also relaxed when it comes to HIV awareness* (TES 1).

*On my list we have about 200 positive women* (TES 2).

*Africa has challenges in the health sector* (TES 5).

The prevalence of active constructions appears in stark contrast with the interview scripts, where the use of passive sentences is more frequent. As a result, the testimonial speakers do not appear to distance themselves from the subject as much as the interview participants do. Having said so, one of the speakers resources to passive construction to distance himself from or diminish the load off a somewhat delicate statement, what might be otherwise perceived as an accusation:

*Some parts of the funds used by the Global Fund have not been well managed* (TES 6).

The speakers use modality to distinguish between statements that express levels of certainty with respect to how the envisage the future:

<table>
<thead>
<tr>
<th>More likely / certain</th>
<th>Less likely / less convinced</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Cure will come from somewhere some day</em> (TES 1).</td>
<td><em>The government should do more</em> (TES 1).</td>
</tr>
<tr>
<td></td>
<td><em>We would really appreciate it at the grassroots</em> (TES 4).</td>
</tr>
<tr>
<td></td>
<td><em>The Global Fund should step in the area of monitoring the way the funds are being used</em> (TES 6).</td>
</tr>
</tbody>
</table>
I noted the use of modal verbs ‘would’ and ‘should’ to express diminished certainty is generally associated with statements that attribute responsibility to more powerful actors (the Global Fund, the Government), indicating in this manner the existence of a pecking order (cf. Figure 22).

In contrast with the formality of the interview respondents, bar one exception where the testimonial speaker is clearly used to speaking in public, the register is that of non-native speakers expressing themselves in English; above all there is hesitation, incorrect use of verb tenses and use of repetition for emphasis:

... it’s amazing how we in sub-Saharan countries are not here yet; we’re not there yet (TES 1).

... though it’s been very difficult supporting women because in my community women do a lot of farm work and the men are depending on the women (TES 2).

If there are no support... if there are no campaign... it’d be more devastating (TES 5).

The speakers make use of the first person singular, in particular when referring to personal experiences:

I’m an advocate activist for treatment access for people living with HIV in my community (TES 1).

I first knew about HIV in 2002, whereby I lost a colleague who was a school mate from secondary school (TES 6 – interesting juxtaposition of the highly formal ‘whereby’ with the highly informal ‘school mate’).

One particular speaker relates to the difficulty of recruiting community volunteers. She uses conceptual repetition to highlight the direness of the situation. Her statement strongly differs from what was shared by the interview participants in respect of community volunteers. None of these express concerns about the difficulties associated with their recruitment:
But we have a few volunteers. **Volunteers are very few.** Because what it is you just have to provide stipend for transportation and that is not available. So people don’t really volunteer again in my community because **they too they have dependants, they have dependants that they feed**, so what they will tell you is that **if they volunteer to do this work for you, who’ll feed their own family?** (TES 2)

**Opportunities for improvement**

Lexical verbs were used to confer emotional load to statements and in connection with statements that express opportunities for improvement:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Related opportunity for improvement</th>
<th>Link to opportunities for improvement identified by the interview participants (cf. Figure 23)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>You know people need to be informed more</strong> about this early evaluation about the mode of transmission and so that people don’t believe here that it is mosquito bites that causes malaria (TES 3).</td>
<td>Perceived deficiency in information sharing.</td>
<td>Enhance education at grassroots level. Correct and culturally-sensitive translation (indirect reference).</td>
</tr>
<tr>
<td><strong>We need more people to enjoy this fund</strong> (TES 4).</td>
<td>Perceived need for the action to move to the grassroots.</td>
<td>Enhance education at grassroots level.</td>
</tr>
<tr>
<td><strong>I believe it has been well over the years but one issue I feel is there, there is no total coverage with respect to most at risk populations</strong> (TES 6).</td>
<td>Perceived deficiency in information sharing and in reach.</td>
<td>Enhance education at grassroots level. Correct and culturally-sensitive translation (indirect reference).</td>
</tr>
<tr>
<td><strong>I think Global Fund should step in the area of monitoring the way funds are being used</strong> (TES 6).</td>
<td>Perceived corruption.</td>
<td>--</td>
</tr>
</tbody>
</table>
The six speakers expressed the following opportunities for improvement:

- The challenge of living in remote locations (TES 1);
- The lack of action by the government (TES 1);
- The need to enhance information sharing with the communities (TES 1, 2, 3);
- The lack of volunteers (TES 2);
- The need to tighten control of how donors’ funds are spent (TES 6); and
- The wish to move the action to the grassroots level (TES 4).

It is noteworthy that whereas three of the speakers hint at a lack of information sharing, which I take to connect to campaigning, none of them brings up the issue of language diversity or of the use of the local language in communication, so I indirectly linked the language issue to the need to keep the communities better informed. The silence about language issues in the testimonials made it hard to establish a link between the literature review topics and those that were discussed at the testimonials. I chose to ‘read’ this silence as a sign that language issues are largely overlooked and not considered a detail that can make a difference.
If the two data sets are compared, the interview participants appear certain about the way they convey messages to multilingual audiences, whereas half of the testimonial speakers claim that efforts to spread information should be intensified. Looked at this way, I can tentatively propose an invisible filter hindering the successful passage of messages from source to target; a filter presumably caused by translation and interpreting work non-compliant with due cultural and technical standards. The situation is aggravated by the apparent prevalence of incorrect assumptions, low availability of professionals and lack of government enforcement.

As a last point of analysis, how assertive did each group of speakers come across? To find out, I counted the incidences of modal verbs in the discourse (‘will’ and ‘can’ represent a high level or assertiveness, whereas ‘could’, ‘should’ and ‘would’ represent a lower level of assertiveness or certainty), divided them by number of speakers to compare averages (since the numbers of speakers were unequal) and created a radar chart with the results. It turned out that, collectively, the interview participants are more in control of what can and will be achieved, whereas the testimonial speakers have a tendency to talk about what can be achieved and what they would like to see happening. Regardless of the fact that the two groups were unrelated in terms of events, this reaffirms how each group of speakers position themselves and in turn says something about power relations in discourse.
Figure 24 Compared stances of the two groups of speakers

LEVEL OF ASSERTIVENESS

<table>
<thead>
<tr>
<th></th>
<th>will</th>
<th>can</th>
<th>would</th>
<th>should</th>
<th>could</th>
</tr>
</thead>
<tbody>
<tr>
<td>incidences (interview scripts)</td>
<td>30</td>
<td>28</td>
<td>5</td>
<td>11</td>
<td>4</td>
</tr>
<tr>
<td>incidences (testimonial scripts)</td>
<td>5</td>
<td>12</td>
<td>7</td>
<td>5</td>
<td>4</td>
</tr>
</tbody>
</table>
6. FINDINGS

My initial assumption that language is a tool that represents culture (cf. section 1.1) was confirmed by my interview participants, who stated that ‘local language is used as a tool,’ that ‘people identify not only with language, but with the way language is spoken’ (INT 9) and that ‘understanding the local culture is key to the success of a communication intervention’ (INT 8). The norm in Nigeria is polyglossia. As evidenced by the number of affirmative interview responses to the question whether it is necessary to take language diversity into account when designing an intervention, the fact that English is an official language in Nigeria does not preclude the need to campaign in other languages.

Language in Nigeria was reported to be in a state of flux, and language preferences were said to vary depending on a number of factors such as location, age group and education level. Literacy is the factor that determines the language strategy to be adopted: if the group is literate, it may be sufficient to translate; if they are literate in English, they may prefer to receive the information in English. Similarly, if the literacy rate in the target group is low, the Communication for Development practitioner may have to resort to interpreting and cultural mediation –these are not exactly the same, though it appears that in low literate areas the community interpreter also functions as a bilingual provider and collector of information (in other words, as a cultural mediator). Pictorials are used in extreme situations, where the speakers are unable to converse or where the target language lacks specific words. There appears to be lack of consensus among practitioners about language regulations in Nigeria.

Despite the dissimilarity of the two data sets used in this research, the discursive analysis suggested the existence of an aid beneficiaries/non-profit staff binary. Communication for Development is a specialised field as evidenced by the register utilised by the interview participants. The discursive analysis revealed a clear demarcation between ‘us’ (the Communication for Development practitioners) and ‘them’ (the aid beneficiaries), where the former resorted to passive sentence constructions and a higher proportion of modal verbs depicting certainty if compared
with the latter. This demarcation, which can be taken as an example of power relations between the two groups, also revealed that the aid beneficiaries are subject to the Communication for Development practitioners and other actors in terms of receiving information that is vital to them.

Apart from Communication for Development practitioners and aid beneficiaries there are other actors that part-take in a communication intervention. The Communication for Development practitioners appear to find themselves in the midst of the pecking order. They depend on donors for funds as much as on community gatekeepers for access to the community. Language and cultural diversity also makes the Communication for Development practitioner dependant on bilingual members of staff and community volunteers. Community volunteers may not always be available as they need to provide for their own households first.

The interview participants shared that community volunteers receive training. They are expected to function as interpreters, though they do not receive basic community interpreting skills. Bilingual members of staff do not always hold professional language qualifications, and some assume that anyone who is educated and fluent in two languages is able to translate (INT 8, 12). Translations are carried out in-house because funding may be an issue. Funding is not the only challenge non-profits are faced with: they may not always be free to act as they wish.

As a result, the absence of professional language practitioners (who by definition are also trained cultural mediators) translated into an opportunity for improvement expressed by 36% of the participants who answered the related question: the need to improve the provision of translation to transmit accurate, correct and culturally-sensitive information. The second biggest opportunity for improvement identified by the interview respondents was the provision of cultural training to volunteers, non-profit staff and healthcare professionals. The testimonial speakers did not bring up the topic of language, but three out of six speakers pointed out the need to improve current information sharing practices.
Further research
The results of this research should not be taken as conclusive; much rests to be done. Though I soon reached saturation point with the interviews, fourteen participants is a rather small sample. Similarly, six testimonials representing the grassroots constitute an even tinier sample. This research might render better results if it took the form of an ethnographic research, of the type conducted onsite for a long period of time.

Concluding remarks
I started this research with the mindset of a translator, and much has changed since then. In answer to Kobus Marais’s remark that ‘translation studies cannot enter into a dialogue with development studies because the two fields of study do not use the same conceptual framework’ (Marais, 2013, p. 403), I would like to propose instead that in view of the plethora of factors that come into play, the issue of Translation in Development is best looked at from a Development perspective and not the other way round. Indeed, looking at Translation in Development from a purely Translation perspective would only render a partial view of the matter.

The Development sphere is an environment of needs and wants and from this research I have come to understand that for a number of reasons (lack of funds and resources, erroneous attitudes and assumptions) language matters may not be at the top of the priority list. A hypothesis resulting from this research could be that employment of professionally qualified linguists in communication interventions would boost development efforts in Nigeria as the language needs of the beneficiaries would be addressed in a more informed way. Ethnographic research should be the next way forward because it would allow the researcher to observe what actually happens in the field. Testing should also be part of future studies; for instance two identical campaigns conducted with similar target groups, where one employs professionally qualified linguists and one does not, and then the results should be collected and only then conclusions should be drawn. As they say ‘the proof is in the pudding.’

Word count: 17,205
REFERENCES
http://www.acalan.org/eng/texts/charter.php
http://www.au.int/en/member_states/countryprofiles


Appendix A: Interview Questions

A. What language strategies are being used to reach communities in their language?
B. Who conducts the actual communication with the communities?
C. How is the quality of the message that is being conveyed to the communities ensured?
D. How is feedback from the communities collected?
E. What type of training do community mobilisers receive?
F. What type of language and cultural awareness training do civil society and non-profit organisation staff receive?
G. How is the success of a multilingual communication intervention measured over time?
H. What factors must a civil society or non-profit organisation consider when choosing a language (in view of the fact that communities in Nigeria are mostly trilingual but that levels of fluency may vary)?
I. What makes a communication intervention sustainable in the face of multiple languages?
J. Is there any legislation in place in Nigeria that encourages or enforces communication in the beneficiaries' language?
K. Are non-profit organisations currently tapping into the linguistic resources across borders and why?
L. What gaps must be addressed in order to make [multilingual] communication interventions in Nigeria more effective?
Appendix B: Interview Scripts

Interview 1
Date Tuesday 10 March
Occupation: Counsellor, social worker and outreach worker
Type of organisation: Civil organisation
Health areas covered: HIV/AIDS, family planning, malaria prevention
Regions covered: Lagos (South West Nigeria)

Question 1
Is there a need for communication in languages other than English?
Answer 1
Yes, there is. Even in places like Lagos, which is a commercial hub. There is migration from different States into Lagos: Yorubas, Hausa, Igbo... Many people are fluent in English and even more in Pidgin, but not everyone. Many people in Lagos speak Yoruba or Hausa as well.

Question 2
How do you reach those people?
Answer 2
It is tricky and you need to think of many factors. We work through an interpreter, for example a Hausa interpreter speaking on behalf of someone. Many Hausa coming into Lagos would have sponsors or their own interpreters. Their sponsors understand English and teach them English. Even if you are communicating in English with a member of a different culture you need to be careful that you do not offend. People keep their values even if they learn another language. Another example is the people living on the island of Lagos... they live on the water and have little or no electricity. Even if we speak the same language we are unable to bring them a message through TV, radio or online media, it would not make much sense.

Question 3
How about written communication pieces?
Answer 3
Even if you hand out written communication or put up posters, you still need an interpreter. Written communication on its own does not serve a purpose. You need an interpreter to elaborate on what has been handed out. HIV issues are sensitive so you want your patients to understand and to make informed decisions.

Question 4
What competencies do interpreters usually have?
Answer 4
Community interpreters are trained about HIV and other issues and are informed about the topic. In remote areas they are usually community leaders. Communities are usually scattered and it is difficult to bring them together so the community leader does this for you. The NGO/civil organisation keeps the community leader informed and the community leader keeps the community informed.
Question 5
*How do you measure the success of your communication interventions over time?*

**Answer 5**
There are a number of monitoring and evaluation tools available to organisations, and data is fed into a national or central body for record keeping. The NGO needs to account for every drug administered and activities that have taken place, and relay the results. Also, the NGO monitors the community leaders and collects information from them. The NGO creates vocational training opportunities for them.

Question 6
*How do you know if you have been successful over time in attaining behavioural change?*

**Answer 6**
With HIV, you know change has taken place when people no longer live in denial. Over time the number of people tested are not coming back.

Question 7
*Is there room for improvement in current practices?*

**Answer 7**
You need to use educational materials to educate the community more. The key is to encourage individuals to get educated. TV programmes and radio are not an option as they are reliant on technology, and some communities do not have access to such. The best strategy is to empower people in the community through education, so that they become your agents of change and in turn they will lead and influence their peers. It is important to evaluate them every now and then, and update their skills and knowledge. Communication is not the only challenge. Transportation is another challenge. Some communities live in remote areas and are scattered. This is where the community leader becomes crucial as they will be the ones approaching the community, preparing them, gaining their support and trust for you, introducing you and doing the communication for you.

###

**Interview 2**

Date 11 March 2015
Occupation: Prevention and Gender Technical Officer
Type of organisation: INGO
Health areas covered: HIV/AIDS, tuberculosis, malaria, reproductive health
Regions covered: ALL

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**Question 1**
*In terms of healthcare communication, what language strategies are available to reach a target group in Nigeria that is not [fully] fluent in English?*

**Answer 1**
Translation and interpreting, but we do not have anyone in the organisation whose main job is to deal with this, as we do not need this all the time. If we happen upon people who are illiterate then we develop picture-coded materials to support our messages and make them more sustainable.
Question 2
When you need to communicate with non-English speakers, who do you communicate through?

Answer 2
We work with volunteer translators and we also employ bilingual staff. We educate bilinguals within the community and in turn they can act as our agents of change.

Question 3
What factors must be weighed in when choosing one language strategy over the other that will work best within the Nigerian context?

Answer 3
Budget, situation, urgency although not necessarily in that order.

Question 4
Your target group speaks many languages but English is perhaps not the best choice. What factors must be weighed in when choosing one language over the other within the Nigerian context?

Answer 4
Most communities are multilingual and they speak at least some Pidgin English. The common mode of communication (English or another language of wider communication) is commonly identified during baseline assessment.

Interview 3
Date 11 March 2015
Occupation: State Coordinator
Type of organisation: INGO
Health areas covered: HIV/AIDS
Regions covered: central belt, North West and South West

Question 1
Is there a need for communication in languages other than English?

Answer 1
Basically your audience or target beneficiaries will determine the language you will use in communicating developmental issues like HIV and AIDS prevention, care and support. In the semi urban areas where we implement projects we communicate with our beneficiaries using English or Pidgin English however the rural areas we use an interpreter that translates English to the local language of the beneficiaries.

Question 2
In terms of healthcare communication, what language strategies are available to reach target groups in Nigeria that are not [fully] fluent in English?

Answer 2
Community interpreters. Information, education and communication materials are developed using major Nigerian languages that include Yoruba, Igbo and Hausa.
Question 3
Where do you get your interpreters from?
Answer 3
Basically we work with local community volunteers or the local non-governmental organisations that support in the project implementation.

Question 4
What factors must be weighed in when choosing one language strategy over the other that will work best in Nigeria?
Answer 4
Challenges... Basically to verify if the information translated from English to other languages carries the correct messages required to meet the beneficiaries’ needs. How is this achieved? By identifying experienced development workers that understand the local languages to support in translation from English language to local languages. I know what you are going to ask me... no, they are not necessarily translators.

Question 5
Is the need for interpreters the same throughout Nigeria?
Answer 5
Basically in the South West you tend to have more people that understand English or Pidgin English compared to the Northern region because these areas are more exposed to formal education. However you tend to use more interpreters in the rural communities than the semi urban regions.

Question 6
Do you collect feedback from the target group and if so, how?
Answer 6
Yes, we do... through focus group discussion, surveys, visits to sites, interviews, review meetings and stakeholders forums.

Question 7
Are you aware of any legislation in place in Nigeria to regulate the use of language?
Answer 7
No, not really. I do not think there is any.

Question 8
Do you know of any organisation of professional translators and/or interpreters that volunteer or donate their services?
Answer 8
No, I am not aware of any.

Question 9
As far as you know, how is the success of healthcare communication interventions measured in Nigeria or in your organisation?
Answer 9
It all depends on what the indicators of the project implemented is set to measure. For example, maybe as a result of a pre-natal campaign more mothers deliver their children at the local clinic rather than at home. With a strong monitoring and evaluation system in place it is very easy to measure the success of the communication to beneficiaries.
###
Interview 4
Date 12 March 2015
Occupation: International consultant social mobilisation and communication
Type of organisation: Multilateral
Health areas covered: polio, immunisation, HIV/AIDS and malaria
Regions covered: North West (Sokoto)

Question 1
Is there a need in Nigeria for communication campaigns to be conducted in languages other than English?
Answer 1
Yes in capital letters. People think only experts can develop development material most of the time this material goes to areas where people prefer to hear matters of importance in their own tongue. Language is critical and of strategic importance not only in Nigeria but across Africa. In Nigeria English is the government language and only spoke by some so it is not useful to use English. Pidgin is also spoken but truth be said not everybody understands what is conveyed in Pidgin.

Question 2
Are you aware of any legislation in Nigeria that requires that communities be addressed in their languages?
Answer 2
Yes there is, but it is not working. Policies on language use are articulated on paper, but people with the upper hand decide what language will be used in the region.

Question 3
How do you reach non-English speakers?
Answer 3
A policy is designed based on formative research. In order to design a communication intervention, the community needs to be understood, the context needs to be mapped, needs and lacks need to be determined. Audience types need to be categorised. There is a need to understand the severity of the issue at hand or the urgency, what they are already trying and what they are lacking. Maybe tools will be provided with the message; for example condoms in HIV campaigns if it is noticed that people have multiple sexual partners. Other factors that are looked at within the formative research are that people may not be literate so print media is not an option, if people do not listen to the radio then radio is not an option, if they do not own a television set then this is not an option (these are called communication variables). Resources, severity, needs, preferred communication needs. It is also important to include beneficiaries at all stages. You are only playing a facilitator role. In reality donors do not have time to wait for the formative research to be completed so campaign designs may not go through the full cycle. Time and distance are also factors to consider. You also need to understand the communication structure within non-profits: You have [Multilateral organisation’s name] headquarters in [location], then Abuja’s communication chief, then the region communication chiefs and then the local consultants (who happen to be the bilingual staff). These in time interact with the religious representatives (or community leaders) who are also bilingual. In the north of Nigeria communities are Muslim and they gather around prayer time. Imams are fundamental in carrying development messages. There are also village community mobilisers who are usually women. [Multilateral organisation’s name] has 682 community mobilisers 25-35 years old. Men are not allowed to go into other people's households so it is women who are recruited to do the job on a voluntary basis. They carry the messages to the households.
and also collect data and feed the programme back. For example in IPD [Immunisation Plus Days] immunisation programmes which happen once a month lasting 4 days, they carry vaccines, messages and questionnaires. They also work with town announcers who go around the village with speakers or small microphones and tell people messages and announcements; this covers the root community. On market day they go around with their microphones. When children are immunised mothers are asked how they heard about the programme and how they would prefer to get further info in the future. Or if they happen into the programme by chance how they can be reached.

**Question 4**  
*What strategies work best?*

**Answer 4**  
Community mobilisers receive a bit of training there is a small curriculum, a training manual available to them. Translation is not always verbatim there are other aspects that come into the equation: culture, respect. Our organisation has a separate budget for translation and interpreting. Community volunteers who engage in this activity receive reimbursement for transport and also a per diem. Radio messages use local consultant. The Sokoto State University donates 2-3 hours per week assisting in the quality control of the translated material. Radio programmes can be recorded.

**Question 5**  
*Are you aware of any translators’ charity?*

**Answer 5**  
If they are not on the national register of NGOs then we do not work with them.

**Question 6**  
*What is a hurdle to multilingual communication within this context?*

**Answer 6**  
Messages can be distorted so in order to avoid that bilingualism is a necessary recruitment criterion.

**Question 7**  
*Can non-profits work across borders, following ethnolinguistic rather than geographical borders?*

**Answer 7**  
It is possible, yes, and it sometimes happens. In the international immunisation programme Nigeria (English) borders with Niger (French). Both countries speak Hausa. Immunisation campaigns can be carried out in Hausa. The organisation uses the same community workers and manuals.

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**Interview 5**  
Date 13 March 2015  
Occupation: Operations member  
Type of organisation: INGO  
Health areas covered: polio  
Regions covered: Northern Nigeria
Question 1
Is there a need in Nigeria for communication interventions in languages other than English?
Answer 1
Well, you know Nigeria has so many ethnic groups depending on which part of the country you find yourself.

Question 2
In terms of healthcare communication, what language strategies are available to reach target groups in Nigeria that are not [fully] fluent in English?
Answer 2
If you are to work in the Northern part of the country, the best means and widely understood way of communication is Hausa language. This region of the country is the largest and most densely populated part of Nigeria. If you find yourself in the South-West part of the country, Yoruba language followed by Pidgin English are the best means of communication. If you find yourself in the Eastern part of the country Pidgin English is the widest form of communication.

Question 3
Your target group speaks more than one language and English is not the best choice to reach them. What factors must be weighed in when choosing one language over the other?
Answer 3
In the Northern part of Nigeria Hausa is the most widely understood language because of their dense population. However, there are areas in the North where other dialects are used as a means of communication. The determining factor for the usage of one language over another is the size of the tribe in that locality. Therefore you can find areas in the North where tribal languages such as Fulfulde, Kanuri, TIV and Ebira are prevalent. Additionally, in the South West where Yoruba tribe men are prevalent, Yoruba language is the best means of communication. I would say the determining factor for the usage of a particular language is the size of the population. The first one is the young indigenous your organisation employs to assist with the communication with the target group.

Question 4
As far as you know, how is the success of a healthcare communication intervention measured in Nigeria or in your organisation?
Answer 4
[INGO’s name] employs young indigenes and includes the traditional institutions to succeed in achieving its target goals.

Question 5
Does your organisation have a (albeit small) curriculum to train them in the health issues you are dealing with, as well as train them into community interpreting? From your answers and from others I am assuming community interpreting is the favoured language strategy. Correct? If the answer is "yes" does the curriculum envision a little bit of community interpreting skills?
Answer 5
Actually there's no any curriculum, it's just assumed that we're all speakers of the language so there's no need for training with regards to interpretation.
Question 6
Is there to your knowledge any legislation in place in Nigeria that requires communication in the languages of the beneficiaries?

Answer 6
There’s legislation in Nigeria which requires communication in the languages of the beneficiaries.

Question 7
Does [INGO’s name] work across borders to tap into the linguistic resources located outside Nigeria? For example, I see that there are also Hausa speakers in Niger. Do Hausa speakers in Nigeria and in Niger understand each other or are there dialectical differences to be taken into account, both within Nigeria and across the border?

Answer 7
[INGO’s name] work across borders, but in French speaking countries like Liberia, Guinea and Sierra Leone. And there are dialectical differences within the Hausa speakers of Niger and Nigerians but the difference in dialects is negligible.

Question 8
In your opinion, what can be done to make multilingual communication in the healthcare domain more effective in Nigeria?

Answer 8
To make communication more effective in multilingual Nigeria there is need to employ indigenes who will comfortably communicate with the locals. In the North in particular the involvement of traditional institutions will help ensure effectiveness of the intervention.

Interview 6
Date 13 March 2015
Occupation: Programs Coordinator (Communication Responsible)
Type of organisation: INGO
Health areas covered: HIV/AIDS and reproductive health
Regions covered: Northern Nigeria

Question 1
Is there a need in Nigeria to conduct communication interventions in languages other than English?

Answer 1
Yes, there is.

Question 2
How do you reach those people?

Answer 2
You need to define the aim of the communication, consider who your beneficiaries are and what languages they understand. Content may have to be tailored to address a specific audience. The impact on communication strategies lies on community members accepting the message and for this to happen messages need to be transmitted in the local language. Factors that need to be taken into account are the actual need to communicate a certain topic, the sensitivity of such topic, the choice of words, and cultural sensitivity matters.
Question 3
What competencies must your communicators have?
Answer 3
Counsellors and community mobilisers are recruited based on their skills. They are selected based on availability as well as acceptance within the community. Existing skills are enhanced by training.

Question 4
How do you measure the success of a communication intervention over time?
Answer 4
Each community has their own dialect (speaking about Hausa as an example). The success rate of a communication intervention lays on the acceptance and impact it has had on the community. Local dialect messages that are respectful of the local culture have the highest impact as the community feels the message is targeted directly at them. Again, the local dialect makes the message more trustworthy. It is also fundamental that all members of the same population get the same message at the same time.

Question 5
Is there room for improvement in the current practices?
Answer 5
There appears to be lack of commitment by the government when it comes to local dialects. Currently there is no legislation at national level; only externally driven initiatives, but as long as these are not enacted and enforced nationally they will not have any impact.

Question 6
Are you aware of any pan-African legislation or initiatives for the promotion of local languages [ACALAN]?
Answer 6
No, never heard of.

Question 7
In your opinion, what are the factors that contribute to sustainable healthcare communication interventions in Nigeria?
Answer 7
Sustainability in communication lays in local dialect and reinforcement. It requires a combined approach, for instance, billboard and advocacy, plus the use of different channels such as TV, radio, flyers. Communication is not a one-off activity, it requires sensitivity and monitoring and it also needs to follow country and regional laws. In particular my research is targeted at helping people involved in the design of communication strategies and in the process of implementation of such strategies. It is fundamental that the language of each community is identified. Involvement of the beneficiary is also important. Culture differences between second language speakers need also be taken into account. Attitude and respect come hand-in-hand with language and cultural sensitivity. Not enough attention is being paid to the importance of local language plays in the effectiveness and impact of the message. Meanings must not be misunderstood. There are differences in lexis, attitudes, cultural values.

###
Interview 7
Date: 13 March 2015
Type of organisation: civil organisation
Health areas covered: hygiene issues and malaria prevention
Regions covered: North East

Question 1
Is there a need in Nigeria for communication interventions in languages other than English?
Answer 1
Yes, you can say so.

Question 2
How do you reach non-English speaking target groups?
Answer 2
It depends on the language and cultural skills and on the gatekeeper. The impact to be had depends on this person. The gatekeeper is the community or the religious leader. In the north the religious leader will be the gatekeeper, in the south the gatekeeper will be the cultural leader (the community leader). There is no penetration without the approval of the gatekeeper and there are also procedures to do this. You have to win their trust, look for a day to see the community head, and be given the permission to speak to the community. Most languages are local and the West is taken with a pinch of salt. Understanding the local culture is key to the success of a communication intervention. The community needs to experience the messenger as ‘one of them’ and also the community looks at whether the community head approves of the message.

Question 3
It sounds like a lot goes through verbal communication. How about written communication?
Answer 3
Translation requires the person reading and thinking like the target community. Cultural understanding is fundamental.

Question 4
What skills do you seek in people carrying out the communication work on your behalf?
Answer 4
Language and culture cannot be emphasised enough. There is a need to train people to go to the communities seeking social and behavioural change. Community mobilisers need to receive cultural awareness and communityinterpreting skills, even if it is basic. In the same vein, [CONFIDENTIAL] and other organisations employees need to undergo training to understand the language and the culture of the communities they are working with. Hausa knows general Hausa and different dialects. There are 19 Northern states and all will understand general Hausa but people living in remote locations and in isolation may speak dialectical variations of Hausa. That notwithstanding they will have an idea of the main type of Hausa. The language situation in Nigeria is fluid, complex, though culture in the North could be considered homogeneous. Hausa acts as the binding force.

Question 5
Do non-profits offer language and intercultural training to their staff?
Answer 5
Not that I am aware of. As a language teacher I have delivered Hausa lessons to academics that come live in Nigeria with the purpose of doing research, but not to non-profit staff. If such initiative exists, it is probably optional. It is true that learning a community's language shows respect and the right attitude and wins them over, but it is not seen as essential.

Question 6
Is there any legislation in Nigeria to promote communication in local languages?
Answer 6
We have the ministry of culture and the ministry of education. Secondary schools in Nigeria are required to teach Hausa, Igbo and Yoruba, but there is disparity. Schools in Northern Nigeria are teaching Hausa, where in fact what should be happening to promote integration is that schools in Northern Nigeria teach Yoruba and Igbo... and the same applies to other regions. The government should be enforcing this better.

Question 7
Is there room for improvement in current practices and if so, how?
Answer 7
A few things. The first one is literacy. Literacy needs to be improved in certain areas. The North of Nigeria for example is behind the other regions in terms of literacy skills. Until the situation has improved, non-profits writing out posters and flyers in Hausa will have to read them out to Hausa speakers. And there is one more thing in respect to Hausa language, which is its orthography. Hausa in a religion-independent context is written in the Latin script. You have Christian and Muslim Hausa. Indigenous are usually Muslim and will go for the Arabic script, because of their religion. Most of Hausa speakers will read Arabic but not Hausa in Arabic. The second one is the professional practice of translation and interpreting in Nigeria, which needs to change as well... this I tell you from the perspective of a professional translator who works in the development sector. There are universities that teach Applied Languages in Nigeria but what happens is that these professionals go work elsewhere leaving the door open to amateurs to fill the gaps, which is not beneficial to the sector. Speaking two languages does not make one a translator or interpreter or cultural mediator any more than knowing the parts of the body does not make one a medical doctor. The industry does not have a structure, the government is not enforcing it and non-profits are not helping either. Non-profits need to create the demand for applied professionals. This is fundamental for a better communication and reception of messages. You cannot enter a country hoping to do development work for the betterment of the country and then damage the very sector that can help you out. The third one is adaptation of channel according to what the community could use. I feel some campaigns could be better planned. Communication happens face to face, but also on TV and radio. TV and radio are big in the north of Nigeria. Other ways of communication are townhall meetings, village square meetings, mosque meetings. Some community leaders double as imams and this makes them more acceptable to the communities.

Question 8
How present are professional translation and interpreters bodies in Nigeria?
Answer 8
In Nigeria we have the NITI [Nigeria Interpreting and Translation Institute].

Question 9
How about ACALAN, have you heard about this organisation?
Answer 9
No... I have not.... I will look them up.
Question 10
Have you ever heard about Translators without Borders?
Answer 10
Yes, I have. They are well known internationally, at least within translation circles.

Question 11
How easy or difficult is it to earn a degree in Translation or Interpreting in Nigeria? Is this something that would generally appeal Nigerians?

Question 11
To become a translator or interpreter in Nigeria, you are required to have a university degree first. Degree holders end up not in translation or interpreting jobs as no-one with an education wants to end up earning peanuts. Language degrees are not preferred; it is an economy thing. Professionals in this field need to be taken more seriously, there needs to be a structure backed up by government and non-governmental organisations and also the national professional body.

Interview 8
Date 14 March 2015
Occupation: Independent Consultant in Health Planning & Management. Is also a medical doctor and a university lecturer.
Type of organisation: Represents a bilateral organisation in Nigeria
Health areas covered: malaria prevention in particular
Regions covered: South East

Question 1
Is there a need for communication interventions in languages other than English in Nigeria?
Answer 1
Yes. There are over 300 ethnic groups in Nigeria, so effectively every kilometre there is a language. Some of them may not be very well developed. None of the native language people can read or write in their native language. Therefore, dependency on audio communication is big.

Question 2
None of the native language people can read or write in their native language. Is there a reason for that?
Answer 2
Well the situation varies a little. With the advent of Christianity languages were codified, as the Bible needed to be translated. As a result of this the Christian south has a higher level of literacy than the Muslim north. In the last 30 years many indigenous languages have receded in use as people increasingly go to school. Therefore, literacy in the indigenous language becomes less relevant. The spoken language in Nigeria is English—that is, for the government and administration; Pidgin, which is a sort of Creole in constant evolution, and in high adoption in mass communication media and then the community languages spoken at home. Most people in Nigeria are trilingual, though Pidgin is the language everybody will understand.

Question 3
In terms of healthcare communication interventions, what languages strategies are being used in Nigeria to reach those groups that are not fluent or not fully fluent in English?
Answer 3
You know, there was for example an Ebola case in Port Harcourt. There was an effort to communicate over radio in the indigenous languages to reach all sectors of the population. There were technical difficulties to this approach. Interpreting English words into the native language did not make any sense. In terms of communication strategies, there are three main channels that are of value to Nigerian people at the moment: radio is the major channel, then TV and then road shows. For the malaria and nutrition campaign road shows proved to be the most useful, as women and children do not normally have access to radio. Road shows also have the benefit of allowing the demonstration of mosquito nets to take place in the household. Community volunteers [community mobilisers] use pictorials to communicate with illiterate people. They also use jingles, which are further conveyed through street vendors, who play music and jingles all the time. Local language is used as a tool. Language interjection is also a common practice; it means intermingling other language words into English, for instance English plus Yoruba, English plus Igbo. In the north, usually almost 80-90% Hausa is the language used. Small ethnic groups, several dialects. The ethnic groups will have their native tongue and use Hausa as a lingua franca. They are able to communicate in different languages and English at different levels.

Question 4
How are community volunteers trained?
Answer 4
They receive subject matter training so that they are able to use the pictorials. Training is done in the local language.

Question 5
Do they receive any linguistic training, for example community training basic skills?
Answer 5
No, they do not receive community training interpreting skills. People are chosen from every ethnic group. Interpreters are used to talk to government officials [or international NGO staff] however these do not hold professional linguistic qualifications. We initially assume that someone who is highly literate in English can function as an interpreter.

Question 6
How or who controls the quality of the message that is rendered and delivered in another language?
Answer 6
Jingles are tested for clarity, understanding and cultural sensitivity.

Question 7
Are you aware of any legislation in Nigeria that promotes communication in the local language?
Answer 7
No, none that I am aware of.

Question 8
People trade across the borders and Hausa is used across border as a lingua franca. Do NGOs tap into these resources?
Answer 8
Not necessarily. It is more important to access communities in their local tongue. As an example, the Fulani are a migrant group even across borders; there are also stationary Fulani. NGOs do not assume
that they will be able to communicate in Hausa even if the Fulani speak it. In the south Pidgin is taking over. Lagos is cosmopolitan. Radio, TV, road shows are conducted in Pidgin English, only offices and the government will use English. At home people will speak Yoruba. In the East, people will speak English, Pidgin and Ibo, and so on and so forth.

**Question 9**

*So let’s say your target group speaks many languages and that English is not the best choice to address them. What factors must be weighed in when choosing one language over the other?*

**Answer 9**

It should be noted that the context is important. Political tensions should be considered, as these can affect the choice of language. Language preferences are not always obvious. Another factor to consider is the stigma that is associated to a language, which can be social or geographical. To get it right the communication intervention needs to take the stigma into account. Language has a place in Nigeria. Pidgin for example has become the official language for broadcast. Nollywood has changed the stigma of Pidgin for the better and Pidgin has reclaimed its place. There are no rules in Pidgin and it is [a language] in constant evolution. NGOs should constantly be on top of this, and the messages need to be reviewed and retested constantly. The target audience needs to be segmented very precisely and communication needs to be bespoke. People identify not only with language, but with the way language is spoken. You see, it is like Nigeria and Naija. They are the same, but they do not mean the same.

**Question 10**

*In your opinion, what are the factors that contribute to sustainable healthcare communication interventions in Nigeria?*

**Answer 10**

Factors that contribute to sustainability in communication are the level of education. If an individual has at least completed primary school he or she will be able to remember and retain information more. Furthermore, literacy in at least one language, and access and use to media. It depends on how media is positioned, as it can be both useful or irritating. They are experimenting with the use of mobile phones in Nigeria, messages through voicemail rather than text, which are better to reach illiterate individuals. The ability to communicate is empowering. The high adoption rate of television drives to campaigns through soap operas and sit-coms, and also health adverts in between football matches, where people are spending their time. Ordinary people have access to DSTV, and this was successfully used during the Ebola crisis.

**Question 11**

*As far as you can tell, how is the success of healthcare communication interventions measured in Nigeria?*

**Answer 11**

This works through taking record of the number of contacts made and the people reached, however many programmes are not set out to measure the effectiveness of communication.

###
Interview 9  
Date 15 March 2015  
Occupation: Health professional fellow. Communication consultant (monitoring and evaluation)  
Type of organisation: bilateral & multilateral (works with both)  
Health areas covered: HIV/AIDS, malaria, tuberculosis, human virology, reproductive health  
Regions covered: ALL  

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**Question 1**  
In terms of healthcare communication, what language strategies are available to reach a target group in Nigeria that is not fully fluent in English?  

**Answer 1**  
In my opinion local languages remain the best option for effective delivery of the intervention since public health is mainly or majorly for the community people where 70% of my country population resides. For new media mobile phone will be the most preferred while for the traditional media printed materials and radio will get the job done.  

**Question 2**  
Your target group speaks several languages, but English is perhaps not the best choice. What factors must be considered in Nigeria when choosing one language over the other?  

**Answer 2**  
Often time strategies are strictly donor controlled. However, some expert like us do sometime advise donor on what is obtainable such as sustainability.  

**Question 3**  
In your opinion, what are the factors that contribute to sustainable communication interventions in Nigeria then?  

**Answer 3**  
Using local languages can only assure community ownership of the intervention which in turn brings sustainability of the intervention.  

**Question 4**  
Would you know how the success of healthcare interventions in Nigeria is being measured?  

**Answer 4**  
Generally, we measure the success rate of a healthcare communication intervention on behavioural change of the proposed beneficiaries over time, but I am not able to give you concrete examples off the top of my head.  

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Interview 10  
Date 15 March 2015  
Occupation: General co-ordinator, Communication  
Type of organisation: civil organisation  
Health areas covered: reproductive health  
Regions covered: South East
Question 1
In terms of healthcare communication, what language strategies are available to reach a target group in Nigeria that is not [fully] fluent in English?

Answer 1
Outside the local languages, Pidgin English is used to communicate to low literate groups when addressing their health concerns.

Question 2
Your target group speaks several languages and let’s say that English is not the best language choice. What factors must be considered when choosing one language over the other?

Answer 2
What my organization weighs is the level of education. Mostly we deal with people who cut across all levels of academic system. So when we are designing a communication strategy we tend to consider academic level, family background, and religious background. Well we produce low literate communication material which include pictures for demonstration and then translate materials from English to local languages. This is because low literate people understand better in local language and Pidgin.

Question 3
Who translates the materials, are they qualified linguists?

Answer 3
The local NGOs are made up women from various academic backgrounds. Among the women or men there are some who are well grounded in English language and then in local language too, for example our organization is made up of women from different tribes in Nigeria Igbo, Hausa Yoruba with different local languages. At times we engage ourselves in the translation of the materials. But when we translated the information stored in our interactive voice response hotline from English into two Nigeria Languages we engaged experts and pay them because it was a funded project.

Question 4
As far as you know, how is the success of healthcare communications measured in Nigeria?

Answer 4
We measure by the number of people who are accessing the health care or the number of people who are free to discuss the intervention.

Question 5
In your opinion, what can be done to make multilingual communication in the healthcare sector more effective in Nigeria?

Answer 5
Adult education should be encouraged where our women and men will learn basic communications in English since it is the official means of communication.

###
Interview 11
Date 16 March 2015
Occupation: Communications officer
Type of organisation: civil society
Health areas covered: maternal and child health issues
Regions covered: Northern Nigeria

Question 1
Is there a need in Nigeria for communication interventions in languages other than English?
Answer 1
Yes, there is a need. 95% of the time you need to reach the rural community in their local dialect. Also in the metropolitan areas advocacy is better addressed in the local dialect.

Question 2
Who does the communication in the local language?
Answer 2
We work with partners in the community, they are our extension workers. We also work with the local government. We work with TWAs [traditional work attendants] we partner with them. They understand the community values.

Question 3
Would you be able to give an example of communication hurdles you encounter when working with groups that speak other languages?
Answer 3
If you take medical terminology, for instance, where there are certain terms that you are not able to translate into the local language as there is no word for that in the local language. As a workaround if we are unable to find a word or expression we have to use diagrams or pictorials.

Question 4
Does this workaround work fine all the time?
Answer 4
Yes, this works well all of the time.

Question 5
Is there any legislation in Nigeria to promote communication in the local language?
Answer 5
With certainty, I tell you, there is none.

Question 6
How about language policy in Nigeria? What is the current situation?
Answer 6
English is a unifying language in Nigeria. Cross learning of languages of wider communication is part of the curriculum at high schools but it has not worked. The three major languages are not being used for communication, students do not bother as these are not university entry criteria and these do not lead to jobs.
Question 7
Would you know whether development workers receive any cultural/language training?
Answer 7
There is no actual need for it, because in order to work in a community you need to belong to it. I have not seen any large organisation organise trainings or workshops on intercultural or language training between Nigeria, but some larger organisations may have this type of trainings between other countries and Nigeria.

Question 8
Do organisations work across borders?
Answer 8
Yes they do and they also work across the different regions as well. Examples of such initiatives include the British Council, the World Bank, the WHO, UNDP...

Question 9
How do you measure the success of a communication intervention over time?
Answer 9
We observe behavioural change, for instance lower incidence of childbirth or higher attendance of antenatal care. Numbers attending the programme in connection with communication interventions carried out. Hospitals keep records as well... it used to be unreported, but this has changed.

Question 10
Is there room for improvement in the current practices?
Answer 10
Of course there is always room for improvement. In this country communication is one of the largest barriers to development. There are more aspects to information sharing that need to change. The population has access to information through different channels but part of the population has no idea of what is happening. In the North people listen to the radio a lot. Media is opinion-based. People get brain-washed easily. There should be a push for better planning, and evidence-based interventions. Learning languages should be promoted more.

Interview 12
Date 16 March 2015
Occupation: Community relations manager
Type of organisation: INGO
Health areas covered: blindness and eye care, immunisation, mother and child care, primary health, HIV AIDS, malnourishment, polio eradication, leprosy.
Regions covered: North East and South East
Question 1
*Is there a need for communication interventions in Nigeria in languages other than English?*

**Answer 1**
Basically when you work in an NGO you work in a team, you are part of a team. Your colleagues are an extension of you, and you speak to the community through your bilingual colleagues. If you are left alone to speak to a community member you can use pictorials, body language or demonstrate with tools.

Question 2
*Are you aware of any legislation in Nigeria that promotes communication in the local languages?*

**Answer 2**
No, I am not aware of any legislation that promotes communication in the local language.

Question 3
*Does your organisation work across border?*

**Answer 3**
My organisation only works in Nigeria and no across border to other African countries.

Question 4
*How do you measure the success of a communication intervention over time?*

**Answer 4**
You watch for behavioural change over time.

Question 5
*Would raised awareness about language matters, for example community interpreting skills in the form of a workshop improve the quality of the intervention?*

**Answer 5**
Possibly, yes, of course you cannot learn everything from experience. Something needs to be done. Community and NGO staff do not receive anything in terms of community interpreting training.

Question 6
*Does your organisation target linguistically-trained individuals in their recruitment efforts?*

**Answer 6**
No linguists are recruited; we operate on the assumption that any educated person will translate.

Question 7
*What does training entail then?*

**Answer 7**
Training includes how to work, what they need to know in terms of subject matter and a little bit of intercultural skills.

Question 8
*How do you know whether a communication intervention has been successful?*

**Answer 8**
Feedback from the community comes through the project and the team. Evaluation is done every month or every week. Data is recorded through different media and the analysis involves different players, in particular those who speak the languages.
Question 9
Is there room for improvement in the current practices?

Answer 9
Acceptance of good ideas is not there. There is lack of resources (technical, qualified professionals, funds) and it is hard to reach communities that leave in isolated and remote places. Those are the hurdles that should be overcome.

Interview 13
Date 17 March 2015
Occupation: Public Health communication officer
Type of organisation: civil organisation
Health areas covered: family planning, polio eradication
Regions covered: central belt (Abuja area) and Northern Nigeria

Question 1
In terms of healthcare communication, what language strategies are available to reach a target group in Nigeria that is not fluent or fully fluent in English?

Answer 1
There are six geopolitical zones in Nigeria, three major tribes and languages spoken visually, Yoruba in the Southwest, Igbo in the Southeast and Hausa in the North. Any of these languages can be and have been used for target audiences who cannot read English or prefer health communication in the languages. In addition to the three main Nigerian languages, there is a version of the English language we call ‘Pidgin English’ or ‘broken English’ which is in use on health care communication materials and a version of Hausa language found only in text called ‘Ajami’. Ajami is essentially Arabic text used to write Hausa, so readers of Arabic can fall back on their knowledge of Arabic letters to pronounce Hausa words written in Arabic.

Question 2
What factors must be considered when choosing one language strategy over the other for a communication intervention?

Answer 2
The key factor when deciding language is sensitivity of the topic. Being a CCP lead project, our communication process is very detailed and designed to address all known ideational factors that pre-determine adoption of a desired behaviour. Our target audience’s sensitivities are therefore key in selecting when, where and how we disseminate information. For example, do they appreciate the word ‘family planning’ or do they prefer ‘child birth spacing’? What is the best way to approach a topic considered personal to many on radio or TV? What terminologies are used in Churches and Masjids? And so on.

Question 3
As far as you know, how is the success of a communication intervention measured?

Answer 3
For the [organisation’s name] project a longitudinal survey was conducted over the period of 5 years. As I mentioned earlier, we based our interventions on selected ideational factors that are pointers to the adoption of the desired family planning behaviour. Women of childbearing age were followed up for a
baseline, midline and endline survey. The clinical and non-clinical facilities we collaborated with were also included in the surveys.

**Question 4**

*In your opinion, what can be done to make multilingual communication in the healthcare sector more effective in Nigeria?*

**Answer 4**

This question appears to be two-pronged… To start with, multilingual communication in the healthcare domain is one thing while sustainability of multilingual communication and empowerment to target communities is another domain entirely. Our project maintained use of the three main Nigerian languages in its communication materials, which could be found in clinical and non-clinical facilities, NGOs and other collaborating partner offices as well as deep into the slums of our cities. However, we went a step further to collate and use a number of locally generated slangs in communication at the community level. Nigerians are a musical people. We love rhythm so communicating with a special and acceptable rhythm further ensures retention and ownership of such. Abuja is the country capital and a melting pot for all tribes and cultures so for the [organisation’s name] project, this meant using a wide variety of languages as indicated by residents to communicate the project ‘name’, ‘slogan/ tagline’ and ‘call to action’. Then, specifically, there is the health care domain. There are several things that can be changed to improve current intervention efforts. The first one is to develop a core of health assistants that speak English and the local dialect of the health care facility catchment area. This will bridge the gap that currently exists in client patient interaction and diagnosis. The second one is to keep the messages short and simple using locally acceptable and pretested images only. Welcome messages (‘Welcome to this facility’) should be in the immediate local dialect, which may most likely not be any of the three main Nigerian languages.

**Question 5**

*What would be the implications in terms of communication/message sustainability?*

**Answer 5**

The implications are many and come in the way of inclusion I would say. Using a local language is opening the door to gradual departure from feeling marginalized to being a recognized dialect/ tribe in Nigeria. In terms of sustainability, locally generated slangs/ slogans/ songs and rhythm remain with its creators through generations; and this is what happens when communication is localized to the realities of the intended audience. Lastly, communication in the local language is empowering. Target communities feel connected to the messages and communication and become empowered by it. They get a sense of comfort and ownership of the desired action as opposed to feeling it was imposed upon them.

###

**Interview 14**

Date 21 March 2015

Occupation: Programme management consultant

Type of organisation: bilateral and civil organisation

Health areas covered: malaria and cancer

Regions covered: East and South East
Question 1
In terms of healthcare communication, what language strategies are available target groups in Nigeria that are not fluent or fully fluent in English?

Answer 1
For the [name] project where I am currently working as an admin officer, we have different target groups depending on the intervention in mind. When it involves educated persons, English language is used for communication. At community level, Pidgin is used for communication. However, since we engage the services of volunteers mainly sourced from the communities, they speak the dialect of the people where necessary or serve as interpreters for our team.

Question 2
What factors must be considered when choosing one language over another if you are working with multilingual groups?

Answer 2
For interventions that target rural communities, health care messages to be aired on TV or radio are developed to fit into the context of the target community: dialect, language and cultural peculiarities must be in line with national guidelines. Pidgin is used when a larger population is targeted, for example population made up of both educated and not educated people in rural, semi-urban, urban settlements. You should also note that even though Pidgin is understood by many illiterate and educated people, there are extreme parts of the country especially northern Nigeria where majority of people can neither speak Pidgin nor English. Nigeria has three major ethnic groups -Igbo, Hausa and Yoruba and each has their language. So if the target population is in the North, Hausa can be used to convey health messages; if the target population is in the South West, Yoruba can be used and if it is in the South East, Igbo can be used.

Question 3
For interventions in the communities, you indicate you relay on bilingual community members to help you relay your message in the community’s language. What criteria do you seek for in your recruitment efforts?

Answer 3
We look out for bilinguals and translators. The most desirable skills are excellent oral and written communication skills, good negotiation skills, good understanding of the terrain, speaking the native dialect is an added advantage.

Question 4
Does the training they receive include linguistic and intercultural training?

Answer 4
I don't think they receive any intercultural or linguistic awareness training.
Appendix C: Testimonial Scripts

Here I Am: Abosede, from Nigeria, shares her HIV experiences

Online Testimonial Script 1
Length 4’ 44”
Date 2 October 2012
Source: https://www.youtube.com/watch?v=T6V9EKNZ9IU [accessed 2 April 2015]

My name is Abosede Rachel Oladayo and I am from Nigeria and I’m a person living with HIV and I’m also… I’m an advocate activist for treatment access for people living with HIV in my community. And, uhm, access for treatment is still a major, major, major problem, major issue in the community where I come from in Nigeria, because people living with HIV have to travel far distances for them to get access to treatment and it is not really, really encouraging. And, I think, my government should do more and, uhm, I would say big thank you to Global Fund for what they are doing.

And, yeah, I am at this conference in Washington DC and I’ve been privileged to be here and, uhm, I believe if every information, every knowledge I got in here, will help me at the grassroots level where I work with women living with HIV. I also work with children who are infected and affected by HIV. And, uhm, living with HIV for 13 years has been great for me and, being on medication for nine years, also, has been a great privilege for me; to be counted among people who could have access to treatment and, I still want, uhm, the global world to do more, and my Federal Government, [the] Nigerian Federal Government, to do more when it comes to HIV.

Like thousands back home, I pray, that we don’t have the holocaust of HIV in Nigeria in our hands, because, right now, people are getting to know their HIV status. I don’t know, I won’t say more people are getting infected because, it’s like, the number of people who get to know their HIV status is increasing on a daily basis and, globally, I’ve been made to understand that Nigeria is the largest, the second largest country that has the largest population of persons living with HIV, and that tells that things need to be in place.

That’s true that a lot is not being done. In the rural community, at the grassroots, who communicates with people, how do they get access to information? And I think the global world have also relaxed when it comes to HIV awareness over the time when we stop doing this awareness and I think probably before we’ve overcome HIV. And, this conference is gonna help us to see or rather to know if we could and can overcome HIV and I pray that God gives us the grace.

I want to live for cure. I want to live for cure. And so are many children who are born with HIV. I want to see them live for cure. And, hopefully, cure will come from somewhere one day… we just take one step at a time. So I’ll say thank you to Global Fund, ‘cause I know Global Fund is doing a lot.

I’m on a project working with Global Fund in Nigeria where we train, uhm…it’s a workplace initiative training. OK? We train the staff of companies to become peer educators and it goes a long way, you know, you get one person trained, he got his skills, impact other people with it… it goes a long way, I think that is a giant step on how to put a stop to this scourge of HIV. It’s an epidemic that needs to be stopped and it’s amazing how in sub-Saharan African countries we’re not there yet, we’re not there yet.
I pray that God will help us to understand it and advocacy and activism is not all about ‘me’, it’s all about thousands and millions of people living with HIV out there, and I’m grateful to be privileged to be doing this interview. So I will say thank you Global Fund, thumbs up for you guys.

###

**Here I Am: Agbaje, from Nigeria, shares her HIV experiences**

**Online Testimonial Script 2**

**Length 4’ 42”**

**Date 15 July 2013**

Source: [https://www.youtube.com/watch?v=vewsqo221Z0](https://www.youtube.com/watch?v=vewsqo221Z0) [accessed 2 April 2015]

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My name is Agbaje Rachida Ohixola and I co-ordinate the [unintelligible] of people with HIV in Ekiti State in Nigeria. It’s a rural area. In Ekiti we have about 23,000 people living with HIV, majorly women and children and in the rural communities, mostly in the rural communities.

We started working with people with HIV in 1999 and it’s been hard supporting women and children in the State because it’s a rural community with little resources and we have… the State has five support groups of people living with HIV with children, and just two years ago we had the support from the Global Fund, obviously supports, but question are support for children and psychosocial support and nutritional support from Global Fund under the true… [unintelligible] and life care as the sub-recipient… and… Though it’s been very difficult supporting women because in my community women do a lot of farm work and the men are… depending on the women. It’s the women working for the men in my community, the women pay school fees for their children and we also have so many widows, that have no husband and with their children. So what we do is we network with SACA, the State Agent for the Control of Aids, which gives little support, nutritional support or recently… with the coming of… Bisi Fayemi as the chairperson of SACA, of the State Agency for the Control of AIDS. The SACA chairperson released about 2.5 million every quarter or every three months for the nutritional support and skills acquisition for women, and we use it to purchase skill acquisition materials for the women, which they use… such as sewing machine… hair dressing machine… provisions, things like give results for women that sells minerals, etc etc.

For the children we… We have [HIV] positive children. We have about… On my list we have about 200 positive women, some of them accessing treatment, some maybe because of the stigma, because of the self, because their parents refuse their children coming out to access treatment, refuse to go for treatment in the service provider centres. We have a lot of them enrolled at five treatment centres across the State, and…With the support of the government it’s really has been very, very, very interesting. But we have a few volunteers. Volunteers are very few. Because what it is you just have to provide stipend for transportation and that is not available. So people don’t really volunteer again in my community because they too they have dependants, they have dependants that they feed, so what they will tell you is that if they volunteer to do this work for you who’ll feed their own family, so it’s very difficult getting volunteers to do home visits and to do counseling for orphans and vulnerable children.

###
My name is Akeremesi Felix Oneladi and I just diagnose. I live in [unintelligible], Federal Local Government, Ondo State, Nigeria. Yeah, concerning the effects of the impact of the HIV/AIDS to diagnosis and malaria on the people in the community, as we all know that HIV is a deadly disease. It reduces the efficiency of the people even if it is tuberculosis and malaria, reduce the productivity of the people.

Yeah… and regarding to the Global Fund. The Global Fund has been assisting people and the community with the provision of nets, supplying [unintelligible] the treatment in drugs for the treatment of tuberculosis at [unintelligible] rates even they’re combining therapy for the treatment of malaria that they’ve been supplying, and the [unintelligible] they [unintelligible] Global Fund. Thank you.

To what [unintelligible] for you to improve the support to the community?

Yeah, the enlightenment, you know people need to be informed more about this early evaluation about the mode of transmission and so that people don’t believe here that it is mosquito bites that causes malaria, so people need to be enlightened and yeah look more passionate [unintelligible] visiting facilities.

Here I Am: Esther, from Nigeria, shares her HIV experiences

Online Testimonial Script 4
Length 1’ 50”
Date unknown

My name is Nwanguma, Esther. I’m from Imo State in Nigeria.

Interviewer: OK, could you tell us what you know about Global Fund and your experience?

Well, Global Fund I know is a fund released for used to develop the lives of those living with HIV, malaria and tuberculosis and, talking about my experience with the Global Fund and development, I work as a co-volunteer in Nigeria and the MYS and the MDGs, that’s the Millennium Development Goals; and I would like to say we really felt their impact, we felt the impact of the Global Fund from the various of decisions that are connected but really we want we would appreciate the situation by this… this comes more to the grassroots, because working on Millennium Development Goals [unintelligible] other goals six out of point six which entails eradication of malaria and the like.
This final day is coming but we need more people at the grassroots… at the grassroots, we need more people to enjoy this fund. And if more people at the grassroots enjoy this fund I think, with time, before the year 2020, we can reach that goal.

Interviewer: We will, we will.

So we appreciate the donors of the Global Fund but we would really appreciate if at the grassroots, the people enjoy it more. Thank you.

###

Here I Am: Oluwatope, from Nigeria, shares his HIV experiences

**Online Testimonial Script 5**

**Length 3”**

**Date unknown**


Hello, my name is Oluwatope Aboyewa. I’m from Nigeria, Ondo State to be precise. I work with kids and teens resource centre in Nigeria, Ondo State.

The issue of HIV in Nigeria is a pandemic one but we are happy because there’s been responses by Global Fund, by stakeholders, by the agency by NACA and even the State Action Committee on AIDS which is now the Agency for the Control of AIDS.

HIV is a serious thing that every hand should be on deck. It needs to be a collaborative effort to combat the spread of HIV. People are dying of AIDS, HIV is spreading and if there are no support, if there are no collaborative support, if there are no campaign, if there are no sensitization, if there are no room for people to know their HIV status, there are no room for counseling and testing it’d be more devastating.

For now we have support of stakeholders, we now have people coming into these strategies to help the situation and I’m happy that we have conferences that’s being held to stem the spread of HIV. I am very happy, even we can tell about HIV, malaria and tuberculosis. Malaria and tuberculosis are co-factors socially affecting people in Africa. When somebody is infected with HIV their immune system is down.

Africa… has challenges on the health sector so that would bring about people dying of [unintelligible] (early?) death [unintelligible] because the issue of health response would be limited. So we’re happy that there are more interventions and drugs, too, and it’s getting better. We would say that because we recall the prevalence rate in Nigeria when it reached the highest peak in 2001 by 5.8% and it dropped to 5.0% in 2003 because this was the result of stakeholders working together, the NYSC, the SFH, NACA working, building capacity for volunteers to spread the information and the knowledge and this is really working. But now we have the prevalence rate of 4.1% in 2010. I think this is a good moment but we should not stop that. Together, we can work together, we can fight to stop the spread of HIV and even eradicate HIV and AIDS in our land. Together, with one voice, in unity, we can fight AIDS. Thank you so much and well done to all stakeholders working on this intervention. Bye bye.

###
Hello, my name is James Eghaghe Osamodia, from Nigeria. I’m from the State of Lagos.

I first knew about HIV in 2002, whereby I lost a colleague who was a school mate from secondary school. He was gay, he could not access health, he could not access treatment because he was gay and, I believe, in Nigeria with the advent of Global Fund and the funds that have been able to give to donors and into countries especially receiving countries like Nigeria, I believe it has been well over the years.

But one issue that I feel is there, there is no total coverage with respect to MARPs, most at risk populations, which includes MSMs. I believe the Global Fund should try to impact more on country mechanisms, the CCM, country continuity mechanism to work more with MARPs, because I believe when you cannot work more with MSMs injected drug users or drug users, sex workers, youth, then we cannot see the impact of the funds that Global Fund is giving out. And also, with respect to coverage, Global Fund has been doing well in Nigeria, but there is a problem: how are they monitoring the funds used by countries which are given the money to? I think Global Fund should step in the area of monitoring the way funds are being used so that they’ll be able to have an effective coverage and effective management and I believe in Nigeria currently some parts of the funds used by Global Fund has not been well managed in the area of procurement of drugs, in the area of procurement of mosquito nets, and in the area of reaching most at risk populations. I believe, uhm, with this, by God’s grace we can say we can put an end to HIV and AIDS if and if we include most at risk populations in all developing countries and then we can say yes, we can kick out AIDS and put an end to the virus one time.

###
## Appendix D: Discursive Analysis of Interview and Testimonials Scripts

### Interview 1

<table>
<thead>
<tr>
<th>Analysis/Interpretation of the Interview Scripts – Salient Features</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Modality</strong></td>
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<tr>
<td>Modal verbs</td>
<td></td>
</tr>
<tr>
<td>Possibility</td>
<td></td>
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<tr>
<td>Need/Obligation</td>
<td></td>
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<tr>
<td>Use of pronouns to indicate association.</td>
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<tr>
<td>Use of passive sentence construction to demarcate third-party actors.</td>
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<tr>
<td>Use of even to highlight gaps.</td>
<td></td>
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<tr>
<td>Authority</td>
<td></td>
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<tr>
<td>HIV issues are sensitive so you want your patients to understand and to make informed decisions.</td>
<td></td>
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<tr>
<td>Use of educational materials.</td>
<td></td>
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<tr>
<td>The NGO needs to account for every drug administered...</td>
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<tr>
<td>The NGO monitors the community leader and collects information from them.</td>
<td></td>
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<tr>
<td>Use of the NGO to work through an interpreter...</td>
<td></td>
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<tr>
<td>The NGO keeps the community leader informed...</td>
<td></td>
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<tr>
<td>The NGO monitors the community leader and collects information from them.</td>
<td></td>
</tr>
<tr>
<td>Overuse of the adverb ‘even’ (five instances) mostly to highlight gaps.</td>
<td></td>
</tr>
<tr>
<td><strong>Transitivity</strong></td>
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<tr>
<td>Transitivity</td>
<td></td>
</tr>
<tr>
<td>Use of transitive sentences.</td>
<td></td>
</tr>
<tr>
<td>Contrast with active sentence construction when speaking about her work sphere (indicates association with):</td>
<td></td>
</tr>
<tr>
<td>The NGO keeps the community leader informed...</td>
<td></td>
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<tr>
<td>The NGO monitors the community leader and collects information from them.</td>
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<tr>
<td><strong>Nominalisation</strong></td>
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<td></td>
</tr>
<tr>
<td>Use of passive sentence construction to demarcate third-party actors.</td>
<td></td>
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<tr>
<td>Community interpreters are trained about HIV and other issues...</td>
<td></td>
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<tr>
<td>Use of the NGO to work through an interpreter...</td>
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<tr>
<td>The NGO keeps the community leader informed...</td>
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<tr>
<td>Use of even to highlight gaps.</td>
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<tr>
<td><strong>Voice/Persona</strong></td>
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<tr>
<td>Voice/Persona</td>
<td></td>
</tr>
<tr>
<td>Use of pronouns to indicate association.</td>
<td></td>
</tr>
<tr>
<td>Alternation of ‘we’ (the NGO) and ‘they’ (the aid beneficiaries) when referring to the NGO and ‘people’ when referring to the aid beneficiaries more generally:</td>
<td></td>
</tr>
<tr>
<td>We [the NGO where I work] work through an interpreter...</td>
<td></td>
</tr>
<tr>
<td>People [aid beneficiaries in general] keep their values even if they learn another language.</td>
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<tr>
<td>You [NGOs in general] need an interpreter to elaborate on what has been handed out.</td>
<td></td>
</tr>
<tr>
<td>Their [the aid beneficiaries’] sponsors understand English and teach them English.</td>
<td></td>
</tr>
<tr>
<td>Overuse of the adverb ‘even’ (five instances) mostly to highlight gaps.</td>
<td></td>
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<tr>
<td><strong>Stance (active/passive sentences)</strong></td>
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<td></td>
</tr>
<tr>
<td><strong>Patterns of co-occurrence/Repetition</strong></td>
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<td></td>
</tr>
<tr>
<td>Use of even to highlight gaps.</td>
<td></td>
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</tbody>
</table>

### Key Messages:

- People keep their values even if they learn another language;
- Access to technology plays a role in how we bring messages to people;
- Even with written communication with sensitive issues you want dialogue to ensure the message has gone through;
- Rural communities are usually scattered so the non-profit works through the community leader;
- Non-profits avail themselves of monitoring and evaluation tools;
- To measure the effectiveness of a campaign you look out for behavioural change over time;
- The best strategy is to empower people in the community through education.

### Comments:

Speaker makes an appeal to enhance education activities in the interest of development. She also emphasises the need to take intercultural differences into account. Mental distance and strong demarcation between ‘us’ (the non-profit organisation) and ‘them’ (the aid beneficiaries). The use of passive construction to refer to third parties (community interpreters) suggests lack of interaction with them. In addition to socio-linguistic groups, intercultural communication could also be interpreted as communication between interest groups (spheres).
## Interview 2

**Word count:** 118

**Gender of the speaker:** Female

<table>
<thead>
<tr>
<th>MODALITY</th>
<th>TRANSITIVITY</th>
<th>NOMINALISATION</th>
<th>VOICE/PERSOA</th>
<th>PATTERNS OF CO-occurrence/Repition</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Answers are quite short and factual.</td>
<td>Mostly active sentences, except for: <em>The common mode of communication... is commonly identified during baseline assessment.</em></td>
<td>Use of the phrasal verb ‘happen upon’, which connotes a more remote possibility of ‘finding’: <em>If we happen upon people who are illiterate then we develop picture-coded materials...</em></td>
<td>‘We’ to denote association with the organisation, as opposed to ‘they’ and ‘people’ to refer to the aid beneficiaries: <em>We work with volunteer translators and we also employ bilingual staff.</em></td>
<td>Nothing salient observed.</td>
<td>The speaker has been asked by her superior to participate in the interview, but the clinical manner of expression and briefness of answers denounced hostility toward either the topic or the interviewer.</td>
</tr>
</tbody>
</table>

### Key messages:
- Translation and interpreting are not needed all the time;
- Picture-coded materials can be developed to support messages with low literate individuals;
- Organisations can work with volunteer translators and bilingual staff;
- Organisations educate bilinguals in the community so that they become agents of change;
- Budget, situation and urgency are three factors that influence our language strategy;
- Most communities are multilingual and they speak at least some Pidgin English.

### Comments:
- The one passive sentence using during this short interview casts an element of either doubt or detachment from the statement (it could also be that the speaker is not involved in such activities).
- The use of ‘happen upon’ instead of ‘finding’ suggests that the speaker either does not work with illiterate groups or may have not been exposed to this type of situations.
- Mental distance and strong demarcation between ‘us’ (the non-profit) and ‘them’ (the aid beneficiaries). In addition to socio-linguistic groups, intercultural communication could also be interpreted as communication between interest groups (spheres).
### Interview 3

#### Gender of the speaker: Male

- **Word count:** 305
- **Use of modal verb 'will' to emphasise assertion:**
  ```plaintext
  Your audience or target beneficiaries will determine the language you will use in communicating developmental issues like HIV and AIDS prevention...
  ```
- **Mixed use of active and passive constructions – nothing salient observed:**
  ```plaintext
  Nothing salient observed.
  ```
- **Use of 'we' to associate with the organisation; use of 'I' to express personal opinions; use of 'you' to denote generality:**
  ```plaintext
  We [the NGO where I work] work with local community volunteers...
  I [personally] am not aware of any.
  You [NGOs in general] tend to use more interpreters in the rural communities than the semi-urban regions.
  ```
- **Use of ‘basically’ and double negative structures to emphasise:**
  ```plaintext
  Basically in the South West you tend to have more people that understand English or Pidgin English compared to the North region...
  No, not really. I do not think there is any [Q7 on legislation]
  No, I am not aware of any [Q8 on language professional organisations]
  ```

#### Key messages:

1. The target aid beneficiaries determine the language to be used;
2. In urban or semi-urban areas Pidgin English is acceptable, less so in rural areas;
3. Volunteer community interpreters bridge the communication gap;
4. Communication materials are developed into the three languages of wider communication;
5. Translated messages are checked for accuracy and appropriateness but those who check are not professionally qualified linguists;
6. Not aware of any language legislation in Nigeria;
7. Does not know any translators’ charity;
8. The success of a communication intervention is observed in behavioural change over time.

#### Comments:

The speaker acknowledges responsibility toward and link with the target group (“your audience”) and also demarcates the stance of his employer in respect of his. The superfluousness of the two double negative structures when asked about awareness about legislation on language matters or translation charities suggest that the interviewee senses this is a topic he should be better informed about, but may not be ready to acknowledge.
Interview 4

Word count: 736

Gender of the speaker: Male

Nothing salient observed.

Use of passive constructions to denote generality or ideality (what should be):

*Policies on language use are articulated on paper...*

In order to design a communication intervention the community needs to be understood. The context needs to be mapped, needs and lacks need to be determined.

The speaker avails himself of a number of devices to make a point. The excessive use of passive constructions in combination with the impersonal pronoun ‘you’ (replacing ‘one’) rather than the first person singular or plural suggests this individual is able to take a clinical (less emotional) posture regarding the subject matter when speaking generally.

As we moved along the interview to more specific points the impersonal ‘you’ was swapped for a less detached ‘we’.

In Q3, the first instance of ‘you’ denotes a change in posture (You are only playing a facilitator role); from this point on the speaker slides into a deeper level of specificity and detail.

At Q4, the speaker is already talking in the first person plural (our organisation...).

Nothing salient observed.

An articulated speaker.

The rather lengthy answers to some of the questions suggest a personal interest or significant experience in the area.

The utterance of an interpreting technical term in Q4, *per diem* (pocket money that the interpreter receives to cover expenses outside of transport and accommodation during interpreting days) indicates that this individual is aware of or may have been exposed to working with interpreters.

Key messages:

a. In Nigeria English is only spoken by the elite. Pidgin English is more widely spoken but not by everybody;

b. Policies on language use are articulated on paper but this is not working;

c. Donors do not have time to wait for the formative research to be completed so campaign designs may not go through the full cycle;

d. Non-profits operate through community leaders and volunteer community mobilisers;

e. Access to technology and literacy plays a role in how the intervention is designed;

f. Community mobilisers receive training but this does not include basic interpreting skills;

g. Culture is an important aspect that comes into the equation when communicating in Nigeria;

h. For non-profits to work with translation charities, the latter need to appear in the country’s national register of NGOs;

i. With bilingual communication messages can be distorted;

j. Non-profits can work across borders (in ethno-linguistic rather than geopolitical areas).

Comments: The speaker’s excessive use of passive construction to describe formal procedures in respect of the design of communication interventions suggests mental distance between the speaker and the procedures, perhaps indicating lack of direct engagement; however, lengthy answers also suggest deep expertise in the subject. “People with the upper hand” to refer to decision-makers may suggest the speaker is bitter or disappointed with the way matters are sometimes handled or by the amount of red tape encountered in the sector.
### Interview 5

<table>
<thead>
<tr>
<th>MODALITY</th>
<th>TRANSMITIVITY</th>
<th>NOMINALISATION</th>
<th>VOICE/PERSOA</th>
<th>PATTERNS OF CO-OCCURRENCE/REPETITION</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Modal verbs</td>
<td>Lexical verbs</td>
<td>Stance (active/passive sentences)</td>
<td>Attitude (positive, negative connotation/denotation, ambiguity)</td>
<td>Attitude (ownership, attachment, association, level of inclusiveness)</td>
<td>Stance (emphasis)</td>
</tr>
<tr>
<td><strong>Interview 5</strong></td>
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<tr>
<td>Word count: 361</td>
<td></td>
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<tr>
<td>Gender of the speaker: Male</td>
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</tr>
<tr>
<td>Nothing salient observed.</td>
<td>Nothing salient observed.</td>
<td>Nothing salient observed.</td>
<td>Uses first person singular to denote personal opinion and the impersonal &quot;you&quot; (&quot;one&quot;) to refer to the work of NGOs more generally: <em>I would say the determining factor for the usage of a particular language is the size of the population.</em></td>
<td>Thematic repetition (Q3): <em>The determining factor for the usage of one language over another is the size of the tribe in that locality.</em> <em>I would say the determining factor for the usage of a particular language is the size of the population.</em></td>
<td>--</td>
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</tbody>
</table>

**Key messages:**

a. The determining factor for the usage of one language over another is the size of the population that speaks it.

b. Community mobilisers do not receive any basic community interpreting training—it is assumed that if they speak the language they will be able to deliver;

c. There is legislation in Nigeria that requires communication in the languages of the beneficiaries;

d. Non-profits can work across borders (in ethno-linguistic rather than geopolitical areas) – however, there may be dialectical differences across borders.

**Comments**: Verbatim repetition of size of population as a determinant of intervention design in terms of language choice highlights the message of this speaker.
### Interview 6

**Word count:** 422  
**Gender of the speaker:** Male

<table>
<thead>
<tr>
<th>Modality</th>
<th>Lexical verbs</th>
<th>Transitivity</th>
<th>Nominalisation</th>
<th>Voice/Persona</th>
<th>Patterns of co-occurrence/Repetition</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Modal verbs</td>
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<td>Stance (active/passive sentences)</td>
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<td>Attitude (ownership, attachment, association, level of inclusiveness)</td>
<td>Stance (emphasis)</td>
<td></td>
</tr>
</tbody>
</table>
| Nothing salient observed. | Nothing salient observed. | Passive sentences used to convey generality. | Nothing salient observed. | The speaker uses the impersonal 'you' ('one') to denote generality. In Q7 he switches to the first person singular (in particular my research is targeted at helping people involved in the design of communication strategies...) because he is providing an example from his own repertoire. | Use of a double negative structure in Q6:  
**No, never heard of.**  
(On whether he is acquainted with ACALAN)  
The need to emphasise the statement suggests that though the speaker is not acquainted with the organisation, he might in some way sense that he should have been. | -- |

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**Key messages:**  
a. The impact of communication strategies lies on community members accepting the message and for this to happen messages need to be transmitted in the local language;  
b. Factors that need to be taken into account are the actual need to communicate a certain topic, the sensitivity of such topic, the choice of words, and cultural sensitivity matters;  
c. There appears to be lack of commitment by the Government when it comes to local dialects – currently there is no legislation at national level;  
d. There are differences in lexis, attitudes, and cultural values.

**Comments:**  
The speaker clearly demarcates what is development work at large and that appertaining to her organisation. Her double negation on awareness about ACALAN suggests the interviewer may have touched a sensitive point.
## Interview 7

### Word count: 891

- Gender of the speaker: Male

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**Hypothesis:**

*In fact what *should* be happening to promote integration is that schools in Northern Nigeria teach Yoruba and Igbo... The government *should* be enforcing this better.*

**Reinforcement of facts:**

*Most Hausa speakers will read Arabic but not Hausa in Arabic.*

*In the North the religious leader will be the gatekeeper, in the South the cultural leader (the community leader).*

**Key messages:**

1. Understanding the local culture is key to the success of a communication intervention;
2. Community mobilizers need to receive cultural awareness and basic community interpreting skills;
3. Non-profits and other organizations need to undergo training to understand the language and the culture of the communities they are working with;
4. Legislation about use of languages in Nigeria concerns secondary school teaching of languages of wider communication and it is not working;
5. Literacy rates in Nigeria need to improve;
6. The professional practice of translation and interpreting in Nigeria needs to be conducted in a more informed manner – non-profits are damaging the sector that can help them achieve higher success rates;
7. Communication interventions need to be better planned and executed, particularly in respect of delivery channels;
8. Is aware of translators’ charities.

**Comments:**

The speaker makes a clear demarcation between factors that are beyond his purview ("the government should be enforcing this better"), factors that he feels are unchangeable ("most Hausa speakers will read Arabic but not Hausa in Arabic") and factors he feels can be changed ("non-profits need to create the demand for applied professionals"); "I feel some campaigns could be better planned"). His use of passive constructions detaches him from criticism passed ("Literacy needs to be improved in certain areas").

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### Micro Level

<table>
<thead>
<tr>
<th>Modality</th>
<th>Transitivity</th>
<th>Nominalisation</th>
<th>Voice/Persona</th>
<th>Patterns of co-occurrence/Repetition</th>
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<td>Stance (active/passive sentences)</td>
<td>Attitude (positive, negative connotation/ambiguity)</td>
<td>Attitude (ownership, attachment, association, level of inclusiveness)</td>
<td>Nothing salient observed. To contrast the use of passive constructions, this speaker uses the first person singular when voicing opinions he strongly feels for: &quot;... this I tell you from the perspective of a professional translator who works in the development sector.&quot; Nothing salient observed. The answers are either short or long (nothing in between). The speaker appears to be more elaborate when providing answers on topics he strongly feels for, such as fallacies in the system (low literacy, avoidance of professional translators and interpreters, lack of intercultural training for non-profit staff).</td>
</tr>
<tr>
<td>Hypothesis</td>
<td>Commitment</td>
<td>Opinion and emotional commitment</td>
<td>Passive constructions for emotional detachment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In fact what <em>should</em> be happening to promote integration is that schools in Northern Nigeria teach Yoruba and Igbo... The government <em>should</em> be enforcing this better.</td>
<td>The second one is the professional practice of translation and interpreting in Nigeria, which <em>needs to change</em> as well... Non-profits <em>need to create</em> the demand for applied professionals. The community <em>needs to experience</em> the messenger as ‘one of them’...</td>
<td>I feel some campaigns <em>could be</em> (modal, not really sure) better planned.</td>
<td>... and the West is taken with a pinch of salt. Secondary schools in Nigeria are required to teach Hausa, Igbo and Yoruba, but there is disparity. Literacy <em>needs to be improved in certain areas</em>. Language degrees are not preferred... it is an economy thing.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Interview 8

<table>
<thead>
<tr>
<th>Hypothesis:</th>
<th>Commitment:</th>
<th>Generally:</th>
<th>Nothing</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Political tensions should be considered, as these can affect the choice of language. NGOs should constantly be on top of this...</td>
<td>... the communication intervention needs to take the stigma into account.</td>
<td>Local language is used as a tool. Training is done in the local language.</td>
<td>Nothing salient observed.</td>
<td>This speaker uses mostly active constructions in the third person, although he resorts to the first person when he wants to include himself in the picture: Interpreters... do not hold professional qualifications. We initially assume that someone who is highly literate in English can function as an interpreter.</td>
</tr>
<tr>
<td>If an individual has at least completed primary school he or she will be able to remember and retain information more. At home people will speak Yoruba.</td>
<td>The target audience needs to be segmented very precisely and communication needs to be bespoke.</td>
<td>People are chosen from every ethnic group.</td>
<td>Remember and retain (Q10)</td>
<td></td>
</tr>
</tbody>
</table>

### Key messages:

a. Not all languages in Nigeria are equally developed;
b. In Pidgin English-speaking areas literacy in the indigenous language becomes less relevant;
c. In lower literacy areas communication in the indigenous language is key to the success of an intervention;
d. Communication interventions need to be adapted to the culture and technology access of the target audience;
e. Pictorials are used to communicate with illiterate individuals;
f. Jingles are used to make a message easier to remember;
g. Interpreting and translating from English to the indigenous language is not always possible if the indigenous language is less developed and lacks vocabulary (language interjection is therefore a common practice);
h. Community volunteers receive training in the local language and do not receive basic community interpreting skills training;
i. Non-profits initially assume that someone who is highly literate in English can function as an interpreter;
j. Is not aware of any legislation to promote local languages in Nigeria;
k. Context is important and political tensions can affect the choice of language in a region;
l. People identify not only with language, but with the way language is spoken;
m. Communication sustainability is affected by education level, literacy in at least one language and access and use of media;
n. Many communication intervention programmes are not set out to measure the effectiveness of their efforts.

### Comments:
The speaker uses modality to suggest things are not as they should (*'NGOs should constantly be on top of this*', referring to the fact that language needs are constantly changing in Nigeria) and he also allows himself to be prescriptive when advising how things should be done (*'The target audience needs to be segmented very precisely and communication needs to be bespoke*). His use of double negative when asked if he is aware of any language legislation in Nigeria suggests the interviewer may have touched a sensitive point.
Interview 9

<table>
<thead>
<tr>
<th>MICRO LEVEL</th>
<th>ANALYSIS/INTERPRETATION OF THE INTERVIEW SCRIPTS – SALIENT FEATURES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Modality</td>
</tr>
<tr>
<td></td>
<td>Modal verbs</td>
</tr>
<tr>
<td>Interview 9</td>
<td>Reinforcement</td>
</tr>
<tr>
<td>Gender of the speaker:</td>
<td>Male</td>
</tr>
</tbody>
</table>

Key messages:

a. Local languages remain the best option of effective delivery of a communication intervention;

b. Strategies are strictly donor-controlled;

c. The success rate of a communication intervention is measured by observing behavioural change over time.

Comments:

The speaker comes across quite self-assured; he owns his statements.
### Interview 10

<table>
<thead>
<tr>
<th>MODALITY</th>
<th>TRANSLATIVITY</th>
<th>NOMINALISATION</th>
<th>VOICE/PERSONA</th>
<th>PATTERNS OF CO-OCURRENCE/REPETITION</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Modal verbs</td>
<td>Lexical verbs</td>
<td>Stance (active/passive sentences)</td>
<td>Attitude (positive, negative connotation/denotation, ambiguity)</td>
<td>Voice (ownership, attachment, association, level of inclusiveness)</td>
<td>Stance (emphasis)</td>
</tr>
<tr>
<td><strong>Interview 10</strong></td>
<td>None observed.</td>
<td>Uses passive constructions to indicate generality, and active constructions when describing her own organisation.</td>
<td>Nothing salient observed.</td>
<td>At times <strong>we engage ourselves in the translation of materials</strong>. Repetition of “we” and “ourselves” has an emphasising effect and suggests the topic is important to the speaker.</td>
<td>--</td>
</tr>
<tr>
<td>Word count: 239</td>
<td>None observed.</td>
<td>The local NGOs/Civilsocieties are made up [of] women from various academic backgrounds. We engaged experts and paid them because it was a funded project.</td>
<td>Written mostly in the first person plural, to denote she is the representative of an organisation. Mostly <strong>we deal with people who cut across all levels of the academic system.</strong></td>
<td>--</td>
<td></td>
</tr>
<tr>
<td>Gender of the speaker: Female</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**Key messages:**

a. When designing a communication intervention non-profits consider academic level, family background and religious background of the aid beneficiaries;

b. For low literate audiences pictorials are developed alongside translated materials which are also adapted for low literate individuals;

c. Non-profits do not always have funds to pay professional translators to do the job;

d. Success of interventions is measured by observing behavioural change over time;

e. Adult education should be encouraged; in particular English skills should be made wider available.

**Comments:**
The speaker makes a distinction between the work of her organisation and that of others’. This differentiation is important when considering intercultural differences, if considered that a cultural unit can go beyond the sociolinguistic unit (e.g. the culture of an organisation).
## Interview 11

### Analysis/Interpretation of the Interview Script – Salient Features

<table>
<thead>
<tr>
<th>Micro Level</th>
<th>Modality</th>
<th>Transitivity</th>
<th>Nominalisation</th>
<th>Voice/Persona</th>
<th>Patterns of co-occurrence/Repetition</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Modal verbs</td>
<td>Lexical verbs</td>
<td>Stance (active/passive sentences)</td>
<td>Attitude (positive, negative connotation/denotation, ambiguity)</td>
<td>Attitude (ownership, attachment, association, level of inclusiveness)</td>
<td>Stance (emphasis)</td>
</tr>
<tr>
<td>Interview 11</td>
<td>Desirability: Learning languages should be promoted more.</td>
<td>Use of ‘need’ to indicate a gap. 95% of the time you need to reach the rural community in their local dialect. There are more aspects to information sharing that need to change.</td>
<td>Only one passive sentence, suggesting detachment from the subject matter: The three major languages are not being used for communication, students do not bother as these are not a university entry criteria and these do not lead to jobs.</td>
<td>Use of compounds to highlight an issue: Media is opinion-based. People get brain-washed easily. There should be a push for better planning, and evidence-based interventions.</td>
<td>Except for one instance where she uses ‘you’ to denote generality (you need to reach the rural community in their local dialect), the speaker uses ‘we’ to indicate she is the representative of an organisation and a community of experts. She refers to others as ‘they’: We work with partners in the community, they are our extension workers. We also work with the local government.</td>
<td>Nothing salient observed.</td>
</tr>
<tr>
<td></td>
<td>Word count: 400</td>
<td>Gender of the speaker: Female</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**Key messages:**

a. 95% of the time non-profits need to reach the rural community in their local dialect;
b. Non-profits work with bilingual staff who are tasked with conveying the messages across;
c. Terminological non-equivalences can present hurdles when trying to convey a message into a different language;
d. Pictorials complement printed material;
e. Is not aware of any legislation to promote language use in Nigeria other than teaching of languages of wider communication at secondary schools – which does not appear to be working;
f. There is no need for development workers to receive cultural awareness training as the bilingual staff belongs to the community and this is often found to be sufficient;
g. The success of a communication intervention is measured by observing behavioural change over time.

**Comments:**

The speaker highlights the need for second-language acquisition as a means to enhance development efforts. She is also vocal in uttering factors that affect development (‘you need to reach the rural community in their local dialect’; ‘there are more aspects to information sharing that need to change’ – indicating that there is room for improvement in current practices). There is clear demarcation between ‘us’ (the non-profit) and ‘them’ (the community mobilisers, who are the link between the non-profit organisation and the community). Such mental distance suggests that in cultural terms there are sociolinguistic groups as well as other types of groups that should be considered – such as organisational culture.
### Interview 12

<table>
<thead>
<tr>
<th>MODALITY</th>
<th>TRANSMITIVITY</th>
<th>NOMINALISATION</th>
<th>VOICE/PERSONA</th>
<th>PATTERNS OF CO-OCCURRENCE/REPETITION</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Interview 12</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Word count:</strong> 234</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Gender of the speaker:</strong> Male</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Use of 'will' to emphasise or give authority to an assumption:</strong> We operate on the assumption that any educated person will translate.</td>
<td>Nothing salient observed.</td>
<td>The only one passive construction in this interview suggests that the information may not be accurate or suggests that the speaker may not be involved in the activity: Evaluation is done every month or every week. Data is recorded through different media and the analysis involves different players, in particular those who speak languages.</td>
<td>Nothing salient observed.</td>
<td>Use of 'you' in its impersonal pronoun form (&quot;one&quot;): When you work in an NGO you work in a team... your colleagues are an extension of you, and you speak to the community through your bilingual colleagues. You watch for behavioural change over time. Use of first person when referring to more specific examples: My organisation only works in Nigeria...</td>
<td></td>
</tr>
</tbody>
</table>

**Key messages:**

- Non-profits employ bilingual staff who help convey a message properly and accurately;
- Is not aware of any legislation for the promotion of local languages in Nigeria;
- The success of a communication intervention is measured by observing behavioural change over time;
- Community and non-profit staff do not receive any training in terms of community interpreting training;
- Non-profits do not work with professionally qualified linguists - they operate on the assumption that any educated person will translate;
- Hurdles that should be overcome are lack of resources (technical, qualified professionals, funds) and reaching remote or isolated communities.

**Comments:**

The speaker appears unsure as to how intervention initiatives are evaluated. By detaching himself (i.e. by taking mental distance) when referring to the work of his organisation in respect of multilingual audiences, he is giving away the fact that there are inefficiencies in his organisation that may be unaddressed, or that the model stated does not always work in the stated way.
## Micro Level Analysis/Interpretation of the Interview Scripts – Salient Features

<table>
<thead>
<tr>
<th>Modal verbs</th>
<th>Lexical verbs</th>
<th>Stance (active/passive sentences)</th>
<th>Attitude (positive, negative connotation/denotation, ambiguity)</th>
<th>Attitude (ownership, attachment, association, level of inclusiveness)</th>
<th>Patterns of co-occurrence/Repetition</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interview 13</td>
<td>Possibility:</td>
<td>Nothing salient observed.</td>
<td>Nothing salient observed.</td>
<td>The speaker uses mainly the first person plural (‘we’), which denotes she is representing a community of experts or practitioners or her organisation.</td>
<td>Nothing salient observed.</td>
<td>--</td>
</tr>
<tr>
<td></td>
<td>The implications are many and come in the way of inclusion, I would say.</td>
<td></td>
<td></td>
<td>She is inclusive in her manner of expression and extend this to her target audiences:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Remote possibility:</td>
<td>These are one or two passive constructions but I did not find them to be particularly indicatory of anything.</td>
<td></td>
<td>Our target audience’s sensitivities are key in selecting when, where and how we disseminate information.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Welcome messages should be in the immediate local dialect, which may most likely not be any of the three main Nigerian languages.</td>
<td></td>
<td></td>
<td>She does refer to the target audience as ‘they’:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Do they appreciate the word ‘family planning’ or do they prefer ‘childbirth spacing’?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Key Messages:

- a. The key factor when deciding language is sensitivity of the topic;
- b. The success of a communication intervention is measured by behavioural change over time;
- c. Healthcare practitioners and patients do not always speak the same language – there is a need for language education that goes both ways (English and the local language);
- d. For messages to be successful they need to be kept short and to be culturally adapted to the target audience;
- e. Using a local language is opening the door to gradual departure from feeling marginalised to being a recognised dialect/tribe in Nigeria.

### Comments:

The speaker expresses herself in an inclusive manner and does not make any distinctions between the work of her organisation and that of others. In that sense, she is tacitly expressing affiliation to a community of experts. She does make a distinction, nonetheless, between ‘us’ (the non-profits) and ‘them’ (the aid beneficiaries). This distinction (or mental distance) indicates that the intercultural differences go beyond the sociolinguistic groups and include other types of ‘culture’ e.g. the organisation’s culture unit being one of them.

She uses modality to express a level of uncertainty with respect to implications of not addressing a community in the local language.
# Interview 14

## ANALYSIS/INTERPRETATION OF THE INTERVIEW SCRIPTS – SALIENT FEATURES

<table>
<thead>
<tr>
<th>Modality</th>
<th>Transitivity</th>
<th>Nominalisation</th>
<th>Voice/Persona</th>
<th>Patterns of co-occurrence/Repetition</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Modal verbs</td>
<td>Lexical verbs</td>
<td>Stance (active/passive sentences)</td>
<td>Attitude (positive, negative connotation/denotation, ambiguity)</td>
<td>Stance (emphasis)</td>
<td>Nothing salient observed.</td>
</tr>
</tbody>
</table>

### Interview 14

- **Word count:** 275
- **Gender of the speaker:** Female

---

**Nothing salient observed.**

**Nothing salient observed.**

**Mix of active and passive constructions, but this is not indicative of anything.**

**Nothing salient observed.**

**Use of passive constructions denotes detachment from topic:**

*Pidgin is used when a larger community is targeted...*

The speaker uses mainly the first person plural.

*We look out for bilinguals and translators.*

There is one instance where she uses first person singular (she appears to be giving a tentative answer) and the third person plural to refer to the community mobilisers:

*I don’t think they receive any intercultural or linguistic awareness training.*

In one instance she uses 'you' to address the interviewer.

*You should also note that even though Pidgin is understood by many illiterate and educated people, there are extreme parts of the country... where the majority of people can neither speak Pidgin nor English.*

**Nothing salient observed.**

This was a short interview where the speaker gave factual, short answers.

---

### Key messages:

- **a.** If the target group is educated, communication can be conducted in English;
- **b.** At community level or with mixed audiences, communication is conducted in Pidgin English;
- **c.** Interventions targeted at rural communities require local language and need to be adapted with special regard to dialect, culture and technology access;
- **d.** There are certain areas of Nigeria where neither English nor Pidgin English will do (the North);
- **e.** Volunteer community mobilisers need to be bilingual;
- **f.** Volunteer community mobilisers do not receive any intercultural or linguistic awareness training.

### Comments:

The speaker makes a clear distinction between 'us' (the non-profit) and 'them' (the aid beneficiaries). This mental distance laid out between the two ‘groups’ is not sociolinguistic and indicates other intercultural aspects that come into the equation: that of organisational culture. In this case, the non-profit ‘cultural unit’ distances itself from other ‘cultural units’, for instance that of the aid beneficiaries.
**Testimonial 1**

<table>
<thead>
<tr>
<th>Micro Level</th>
<th>Analysis/Interpretation of the Testimonial Scripts - Salient Features</th>
</tr>
</thead>
<tbody>
<tr>
<td>Modality</td>
<td>Lexical verbs</td>
</tr>
<tr>
<td>Modal verbs</td>
<td>Transtivity</td>
</tr>
<tr>
<td>Testimonial 1</td>
<td>Nominalisation</td>
</tr>
<tr>
<td>Word count:</td>
<td>Voice/Persona</td>
</tr>
<tr>
<td>633</td>
<td>Patterns of co-occurrence/Repetition</td>
</tr>
<tr>
<td></td>
<td>Stance (emphasis)</td>
</tr>
<tr>
<td></td>
<td>Comments</td>
</tr>
<tr>
<td>Remote possibility and desirability:</td>
<td>--</td>
</tr>
<tr>
<td>I think my government should do more...</td>
<td>Exclusive use of active constructions, which indicates direct engagement with the topic:</td>
</tr>
<tr>
<td>... this conference is gonna help us to see or rather to know if we could and can overcome HIV...</td>
<td>The global world have also relaxed when it comes to HIV awareness:</td>
</tr>
<tr>
<td>Certainty:</td>
<td>We train the staff of companies to become peer educators...</td>
</tr>
<tr>
<td>... every knowledge I got in there will help me at the grassroots level where I work...</td>
<td>I'm grateful to be privileged to be doing this interview:</td>
</tr>
<tr>
<td>... cure will come from somewhere some day...</td>
<td>I pray that we don’t have the holocaust of HIV in Nigeria in our hands:</td>
</tr>
</tbody>
</table>

Key messages:

a. Access for HIV/AIDS treatment in Nigeria is a major issue, in particular for remote communities;
b. Rural communities do not currently have access to information;
c. The World at large have relaxed in respect of HIV/AIDS awareness campaigning;
d. Much rests to be done in sub-Saharan Africa.

Comments:

Overuse of “and” and other conversational tics such as “it’s like” and “you know” suggests that this speaker may be nervous. Repetition of topics that pose a particularly serious issue:

a. Access to treatment for affected communities is not there;
b. Cure is not there yet;
c. She is grateful for the support received from Global Fund (but in view of her overuse of “I pray” she does not believe the cure will come from them).

The collocation ‘holocaust of HIV’ gives away her fear of the scourge having a yet more negative impact on Nigeria. She is of the opinion that her government and the world at large should do more to enhance information-sharing on the topic.
### Testimonial 2

<table>
<thead>
<tr>
<th>MICRO LEVEL</th>
<th>ANALYSIS/INTERPRETATION OF THE TESTIMONIAL SCRIPTS - SALIENT FEATURES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Modality</td>
<td>Transitivity</td>
</tr>
<tr>
<td>Modal verbs</td>
<td>Lexical verbs</td>
</tr>
<tr>
<td>Testimonial 2</td>
<td>Word count: 466</td>
</tr>
</tbody>
</table>

**Exclusive use of active constructions indicate the speaker has a vested interest in the topic.**

Just two years ago we had the support of the Global Fund...

People don’t really volunteer in my community because they too have dependants...

**After introducing herself the speaker switches from the first person singular to the first person plural, denoting that she is representing an organisation (she is unlikely to be an HIV/AIDS patient):**

I co-ordinate the [unintelligible] of people with HIV in Ekiti State.

In Ekiti we have about 23,000 people living with HIV.

**Use of repetition for emphasis.**

She is grateful for the support received from the Government however she highlights other problems that still need to be resolved:

With the support of the government it’s really has been very, very, very, very interesting.

But we have a few volunteers. Volunteers are very few.

Note that the speaker is unlikely to be a native speaker of English to the analysis needs to allow for a ‘margin of error’ in interpretation.

Most of the testimonial is presented in either present or past tense. This speaker holds on to facts and figures:

We started working with people with HIV in 1999 and it’s been hard supporting women and children in the State because it’s a rural community with little resources...

On my list we have about 200 positive women...

---

**Key messages:**

a. Rural communities are not well equipped to deal with the HIV/AIDS pandemic;

b. It is usually women in rural communities in Nigeria who support the household;

c. Not everyone seeks HIV/AIDS treatment because of the stigma appended to the sickness;

d. Help from the Government (and donors) is received gratefully but there are other challenges to deal with, for instance, recruitment of volunteers to help out.

**Comments:**

The absence of modal verbs and future tense suggest that this speaker experiences more constraints than hope in her work with HIV/AIDS-affected individuals. She highlights the importance of having government support but also indicates lack of volunteers is a major obstacle in attaining goals.

There are many unfinished sentences throughout the text, which may indicate the speaker is nervous or not focused enough.
### Micro Level: Analysis/Interpretation of the Testimonial Scripts - Salient Features

<table>
<thead>
<tr>
<th>Testimonial 3</th>
<th>Modality</th>
<th>Transitivity</th>
<th>Nominalisation</th>
<th>Voice/Persona</th>
<th>Patterns of co-occurrence/Repetition</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Modal verbs</td>
<td>Lexical verbs</td>
<td>Stance (active/passive sentences)</td>
<td>Attitude (positive, negative connotation/denotation, ambiguity)</td>
<td>Attitude (ownership, attachment, association, level of inclusiveness)</td>
<td>Stance (emphasis)</td>
</tr>
<tr>
<td>Testimonial 3</td>
<td>--</td>
<td>--</td>
<td>Exclusive use of active constructions.</td>
<td>Curious use of the word 'enlightenment' to refer to 'insight' or 'information': ... so that people don't believe here that it is mosquito bites that causes malaria, so people need to be enlightened...</td>
<td>After presenting himself this speaker switches to the first person plural. His discourse works inclusively in that he uses phrases such as ... as we all know that HIV is a deadly disease.</td>
<td>Nothing salient observed.</td>
</tr>
<tr>
<td>Word count: 188</td>
<td>The testimonial is presented in either present or past tense: The Global Fund has been assisting people and the community with the provision of nets... Expression of a need (emotional utterance): People need to be informed more about this early evaluation about the mode of transmission...</td>
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</tr>
</tbody>
</table>

**Key Messages:**

a. People need to be informed more about the modes of transmission.

**Comments:**

The testimonial is rather short but through conceptual repetition (‘people need to be informed more...’ and ‘people need to be enlightened’) the speaker manages to point out deficiencies in the system.
# Testimonial 4

**Word count: 221**

<table>
<thead>
<tr>
<th>Testimonial 4</th>
<th><strong>ANALYSIS/INTERPRETATION OF THE TESTIMONIAL SCRIPTS – SALIENT FEATURES</strong></th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Modality</strong></td>
<td>Modal verbs</td>
<td>Lexical verbs</td>
</tr>
<tr>
<td><strong>Transitivity</strong></td>
<td>Emotional commitment: ...we need more people to enjoy this fund.</td>
<td>Exclusive use of active constructions.</td>
</tr>
<tr>
<td><strong>Nominalisation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Voice/Persona</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Patterns of co-occurrence/Repetition</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Comments</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Key messages:

- a. The help of the Global Fund is appreciated and felt throughout;
- b. The help of the Global Fund does not reach enough people at grassroots level.

## Comments:

Through the use of repetition and modality this speaker hammers the need of having a more active grassroots sector.
### Testimonial 5

**Analysis/Interpretation of the Testimonial Scripts - Salient Features**

<table>
<thead>
<tr>
<th>Modality</th>
<th>Transitivity</th>
<th>Nominalisation</th>
<th>Voice/Perso</th>
<th>Patterns of co-occurrence/Repetition</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Modal verbs</td>
<td>Lexical verbs</td>
<td>Stance (active/passive sentences)</td>
<td>Attitude (positive, negative connotation/denotation, ambiguity)</td>
<td>Attitude (ownership, attachment, association, level of inclusiveness)</td>
<td>Stance (emphasis)</td>
</tr>
<tr>
<td>Testimonial 5</td>
<td>Uses “would” to diminish the level of assertion:</td>
<td>--</td>
<td>--</td>
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<td>--</td>
</tr>
<tr>
<td>Word count: 396</td>
<td>Africa... has challenges in the health sector so that would bring about people dying...</td>
<td>Predominance of active constructions.</td>
<td>Through his ‘togetherness’ speech the speaker manages to convey a positive tone:</td>
<td>Inconsequent use of the first person singular and the first person plural.</td>
<td>--</td>
</tr>
<tr>
<td></td>
<td>Uses “would” to imagine an hypothetical situation:</td>
<td>The issue of HIV in Nigeria is a pandemic one...</td>
<td>Together, we can work together.</td>
<td>Lexical and conceptual repetition of ‘collaboration’...</td>
<td>--</td>
</tr>
<tr>
<td></td>
<td>--</td>
<td>Africa has challenges on the health sector...</td>
<td>Together, with one voice, in unity, we can fight AIDS.</td>
<td>... every hand should be on deck.</td>
<td>--</td>
</tr>
<tr>
<td></td>
<td>--</td>
<td>I think this is a good moment but we should not stop that.</td>
<td>--</td>
<td>It needs to be a collaborative effort...</td>
<td>--</td>
</tr>
<tr>
<td></td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>Together, we can work together.</td>
<td>--</td>
</tr>
<tr>
<td></td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>Together, with one voice, in unity, we can fight AIDS.</td>
<td>--</td>
</tr>
<tr>
<td></td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>Lexical repetition of the words ‘happy’ and ‘spread’ (indicating that he is satisfied that the spread can be stemmed).</td>
<td>--</td>
</tr>
<tr>
<td></td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>Note that the speaker is unlikely to be a native speaker of English to the analysis needs to allow for a ‘margin of error’ in interpretation.</td>
<td>--</td>
</tr>
</tbody>
</table>

### Key Messages:

1. Donors have been responsive to the scourge of HIV/AIDS in Nigeria;
2. The spread of HIV/AIDS should be tackled in a collaborative effort;
3. If the current response level was lowered the results would be devastating;
4. We have made progress but we should not rest on our laurels.

### Comments:

- Conceptual repetition of ‘collaboration’ to indicate there needs to be consensus between several parties in how to tackle the scourge of HIV/AIDS.
## Testimonial 6

<table>
<thead>
<tr>
<th>MICRO LEVEL</th>
<th>ANALYSIS/INTERPRETATION OF THE TESTIMONIAL SCRIPTS – SALIENT FEATURES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Modality</strong></td>
<td>Modal verbs</td>
</tr>
<tr>
<td><strong>Testimonial 6</strong></td>
<td>Use of ‘should’ to express desirability:</td>
</tr>
<tr>
<td></td>
<td><em>I think the Global Fund should step in the area of monitoring the way the funds are being used…</em></td>
</tr>
<tr>
<td></td>
<td><em>I think Global Fund should step in the area of monitoring the way funds are being used…</em></td>
</tr>
<tr>
<td></td>
<td><em>It should be noted, however, that when referring to his school friend the register is lower, indicating that the topic is close to his heart. He refers to his school friend as his ‘mate’:</em></td>
</tr>
</tbody>
</table>

### Key messages:

a. There is no total coverage with respect to most at risk populations;

b. Donors should monitor the way their funds are being used better.

### Comments:

This speaker conveys authority in the topic by ‘hiding’ behind business-like acronyms (MARPs, MSMs, CCM), which reinforces the message he is repeating about the Global Fund’s need to step in and control the way funds are being administered. It should be noted that the topic also carries an emotional load to the speaker, who has lost a friend to HIV/AIDS.